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## **HOME CARE NURSES' WORK AND FAMILY: IS IT EFFECTIVE FOR NURSING TO FULFILL A FAMILY ROLE?**

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### **Abstract**

*Aim: the purpose of this study was to examine whether home care nurses consider that fulfilling a family role makes a positive difference on nursing performance, and to identify associated factors. Methods: a self-report questionnaire was used to survey 236 home care nurses working in Japan. We asked each respondent to identify his/her family-related and work-related variables. We then measured their level of work-family conflict, and the degree to which fulfilling their family role had a positive effect on nursing performance. Descriptive statistics and a hierarchical regression analysis were conducted ( $p < .05$ ). Results: a total of 201 participants (85.2%) indicated that fulfilling a family role had a positive effect on nursing performance. This perception was positively associated with having a child ( $\beta = .248, p = .02$ ) and training in a home healthcare office ( $\beta = .154, p = .018$ ). However, age ( $\beta = -.225, p = .003$ ), on-call duty ( $\beta = -.300, p = .006$ ), and work-family conflict (family interference with work;  $\beta = -.206, p = .01$ ) were negatively related to it. Conclusion: the majority of home care nurses perceived that*

*fulfilling a family role had a positive effect on nursing performance. Home care nurses recognized that their experience in childrearing fosters their nursing ability. Future research should explore the skills home care nurses acquire by fulfilling a family role.*

## **Keywords**

Home Care Nurse, Work-Family Interface, Work-Family Conflict

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## **1. Introduction**

Home care is defined as any kind of healthcare, personal care, or assistance with independent living given to functionally impaired, disabled, or ill persons in their own homes (Martinson et al., 2002). Nurses in home healthcare services, provide care to the residents who live in their homes. Unlike hospital nurses, home care nurses normally provide care by themselves in a residential home; therefore, they are usually required to have job tenure when commencing work. In Japan, over 80% of home healthcare nurses are aged between 30-50 years (Miyama, 2016; Yamaguchi, 2012). Individuals, who are aged between 30-50 years, bear a significant responsibility in their family, for example, child rearing or caring for elderly parents. Several researchers have reported that individuals can have either negative experiences (e.g., work-family conflicts, Greenhouse & Beutell, 1985) or positive experiences (e.g. work-family enrichment, Greenhouse & Powell, 2006) by undertaking both work and family roles. Existent previous research had been exclusively reported regarding of work-family conflict (negative effect). However, recently several researchers tend to have been focusing on positive effect of work-family interface (e.g. work-family enrichment, facilitation, enhancement, engagement) (Russo & Buonocore, 2012). Home care nurses may experience either negative or positive effects of work and family; besides, they may gain effective skill, for example understanding especially patients family's feeling, through experiencing family role. This is because, home healthcare nurses encounter a variety of families who experience many different kinds of health care concerns (Rice et al., 2006); thus, they would have the opportunities to utilize the skills that they have gained from their experience in fulfilling a family role. Nonetheless, very little research has been done to investigate home care nurses' positive work-family interaction; hence it remains unclear whether fulfilling a family role is perceived by home care nurses to be effective for their nursing practice. The purpose of this study was to examine whether home care

nurses perceived a positive difference on their nursing performance when they fulfilled their family roles and also to identify the factors influencing it.

## **2. Methods**

### **2.1 Design**

This study followed a cross-sectional design.

### **2.2 Setting and Participants**

The data was collected from home care nurses working at Nagasaki prefecture in Japan. Nagasaki is a local city located at the western part of Kyusyu Island and its population is 1,366,514 (Nagasaki Prefecture Government, 2016). We approached every home healthcare facility in Nagasaki for this study. We explained the purpose of this study and the contents of the questionnaires to the representatives of these 56 home healthcare facilities and requested their participation. Fifty-five home healthcare facilities consented to participate. We delivered the questionnaires to the target home care nurses via their facilities' representatives. We obtained informed written consent from the facilities; participants' consent was confirmed by the return of their questionnaires.

### **2.3 Data Collection**

The data was collected from August to September 2009.

### **2.4 Sample**

We sent out 345 questionnaires, out of which 255 were returned (return rate; 72.0%). We analyzed only the completed questionnaires, which were 236 (varied rate; 92.5%).

### **2.5 Measures**

#### **2.5.1 Perception of the Effectiveness of Fulfilling a Family Role on Nursing**

Participants' perception of the effectiveness of fulfilling a family role in their nursing performance was assessed by their responses to one item— "Having a family role is effective for nursing." Responses were made on a five-point scale (1 = *strongly disagree*, 5 = *strongly agree*).

#### **2.5.2 Work-Family Conflict**

We hypothesized that participants' work-family conflict would negatively affect their perception of the effectiveness of fulfilling a family role on their nursing performance. We used the Japanese version of the multi-dimensional Work Family Conflict Scale ( Watai, Nishikido, & Murashima, 2006) to assess mature participants' work-family conflict. Work-family conflict is

composed of two dimensions, which are work interference with family and family interference with work. Some of the items in this scale are as follows: “My work keeps me away from my family activities more than I would like” (work interference with family), “The time I spend in family responsibilities often interferes with my work responsibilities” (family interference with work). Responses were made on a five-point scale (1 = *strongly disagree*, 5 = *strongly agree*). Higher scores indicated that participants experienced a greater work-family conflict.

### **2.5.3 Work-Family Culture**

We examined whether participants perceived that their organization understood their family role in a work-family culture. We predicted that if the participants perceived that their organization understood their family role, it would foster a positive outlook of their work-family interface. We used one item for measuring participants’ work-family culture: “Your organization understands your family role.” Participants answered either “yes” or “no” (yes = 1 and no = 0).

### **2.5.4 Nurses’ Work and Family Related Variables**

We also collected participant information such as age, work position, working style, on-call duty, training opportunities in and out of home care facilities, having spouse, having a child, having a child under the age of 6 years, number of children, number of family members living together, whether the family is dependent, support from family members, and their perception of family members’ support.

## **2.6 Analyses**

We used descriptive statistics to identify the level of nurses’ perception of the effectiveness of fulfilling a family role on nursing. Subsequently, we conducted a hierarchal regression analysis to examine the factors affecting the nurses’ perception (step 1: age; step 2: work-related variables; step 3: family related variables; step 4: work–family conflicts). We applied dummy-coding (i.e., manager, full-time work, on-call duty, training opportunities out of facilities, training opportunities in facilities, having spouse, having a child, having a child under six years of age, dependent family, housekeeping support, family cooperation; yes = 1, no = 0). Finally, we performed the post-hoc test to confirm the sample’s statistical adequacy on hierarchal regression analysis by analyzing the effect size and the statistical power. The Japanese version of SPSS for Windows was used for all statistical analyses; G\*Power 3 was used for the analysis of effect size and statistical power. For all statistical analyses, statistical significance was confirmed if  $p < .05$ .

### **3. Results**

#### **3.1 Summary of Participants**

Of the total number of participants, 229 participants were females (97%), and around 70% of them had spouse or a child. The mean age of the participants was 44.2 ( $\pm 7.6$ ); 229 (97%) were aged between 30-50 years. Around 60% of the participants had on-call duty, and more than 80% of them had training opportunities. The mean score of participant's work-family conflict were that work interference with family was 2.90 ( $\pm 0.70$ ) and family interference with work was 2.28 ( $\pm 0.56$ ) (Table. 1).

#### **3.2 Perception of the Effectiveness of Fulfilling a Family Role on Nursing**

The mean score of participants' perception of the effectiveness of fulfilling a family role on nursing was 4.17 ( $\pm 0.78$ ), where, 83 participants answered "I strongly agree with it," and 118 participants answered "I agree with it." A total of 201 (85%) participants agreed that fulfilling a family role has a positive effect on their nursing performance (Table. 2)

**Table 1:** *Summary of the participants*

	<i>N = 236</i>	
Age	44.2	±7.6
Sex		
male	7	(3.0)
female	229	(97.0)
Work position		
manager	43	(18.2)
staff	193	(81.8)
Work style		
full-time	165	(69.9)
part-time	71	(30.1)
On-call duty		
Yes	143	(60.6)
No	93	(39.4)
Training out of facilities		
Yes	197	(83.5)
No	39	(16.5)
Training in facilities		
Yes	198	(83.9)
No	38	(16.1)
Work-family culture		
Yes	199	(84.3)
No	37	(15.7)
Having Spouse		
Yes	165	(69.9)
No	71	(30.1)
Having a Child		
Yes	165	(69.9)
No	71	(30.1)
Having a Child under 6 years old		
Yes	38	(16.1)
No	198	(83.9)
Dependent Family		
Yes	20	(8.5)
No	216	(91.5)
Housekeeping support		
Yes	111	(47.0)
No	125	(53.0)
Family cooperation		
Yes	157	(66.5)
No	79	(33.5)
Number of Children	1.33	±1.10
Number of family living together	3.60	±1.51
Work-family conflict		
Work interference with family	2.90	±0.70
Family interference with work	2.28	±0.56
Perception of fulfilling a family role is to be effective for nursing	4.17	±0.78

Data is the number, (%) , mean , SD.

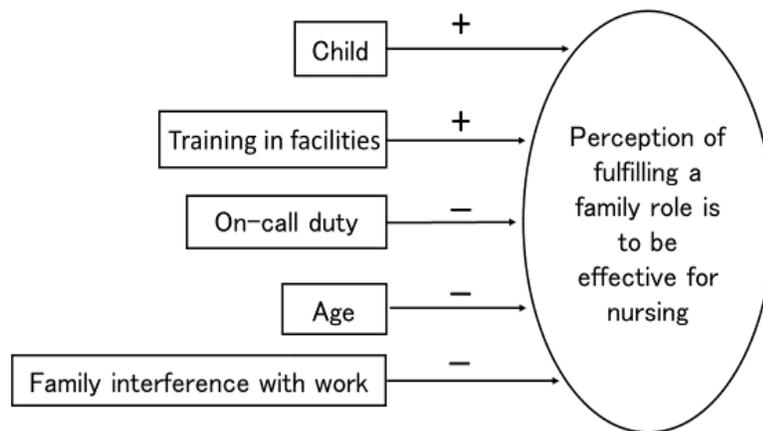
**Table.2:** Distribution of the perception of fulfilling a family role is to be effective for nursing

	N = 236	
Strongly disagree	2	(0.9)
disagree	5	(2.1)
I can say neither	28	(11.9)
Agree	118	(50.0)
Strongly agree	83	(35.2)

Data is the number, (%).

### 3.3 Affecting Factors to the Perception

Having a child ( $\beta = .248$ ,  $p = .020$ ,  $R^2 = .158$ , ES:  $f^2 = 0.1879$ ,  $(1 - \beta) = 0.9950$ ) and training opportunities in home care facilities ( $\beta = .154$ ,  $p = .018$ ,  $R^2 = .158$ , ES:  $f^2 = 0.1879$ ,  $(1 - \beta) = 0.9950$ ) were significantly and positively related to the perception of the effectiveness of fulfilling a family role on nursing. On-call duty ( $\beta = -.300$ ,  $p = .006$ ,  $R^2 = .158$ , ES:  $f^2 = 0.1879$ ,  $(1 - \beta) = 0.9950$ ), age ( $\beta = -.225$ ,  $p = .003$ ,  $R^2 = .158$ , ES:  $f^2 = 0.1879$ ,  $(1 - \beta) = 0.9950$ ) and family interference with work ( $\beta = -.206$ ,  $p = .010$ ,  $R^2 = .158$ , ES:  $f^2 = 0.1879$ ,  $(1 - \beta) = 0.9950$ ) were significantly and negatively related to the perception (Figure.1) (Table. 3).



**Figure1.** Relationship between affecting factors and perception of fulfilling a family role is to be effective for nursing

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**Table.3:** Factors affecting perception of fulfilling a family role is to be effective for nursing

		N = 236							
		t	β	t	β	t	β	t	β
Step 1									
	Age	-1.513	-.098	-2.125	-.137 *	-2.817	-.214 **	-2.992	-.225 **
Step 2									
	Manager			1.803	.122	1.726	.117	1.559	.105
	Full-time work			.707	.075	1.241	.139	1.189	.136
	On-call duty			-2.297	-.247 *	-2.712	-.297 **	-2.767	-.300 **
	Training out of facilities			.617	.041	.952	.064	.943	.063
	Training in facilities			2.802	.181 **	2.627	.170 **	2.379	.154 *
	Work-family culture			-1.028	-.067	-1.059	-.070	-.862	-.059
Step 3									
	Having Spouse					1.448	.111	1.642	.125
	Having a Child					2.419	.259 *	2.335	.248 *
	Number of children					-.268	-.038	-.085	-.012
	Having a Child under 6years old					-1.123	-.083	-1.042	-.077
	Number of family living together					-1.414	-.167	-1.479	-.174
	Dependent family					.825	.058	1.207	.086
	Housekeeping support					.200	.016	.105	.008
	Family cooperation					.644	.048	.520	.039
Step 4									
	Work interference with family							1.190	.106
	Family interference with work							-2.588	-.206 *
	$R^2$		.010		.090 **		.132 **		.158 **
	$\Delta R^2$		.011 *		.090 **		.132 **		.158 **
	ES: $f^2$								0.1876
	1-β								0.9950

Independent variables; categorical variables were applied dummy coding, Yes = 1, No = 0.

Dependent variable; perception of fulfilling a family role is to be effective for nursing

Hierarchical multiple regression analysis \*  $p < .05$ , \*\*  $p < .01$

## **4. Discussion**

### **4.1 Perception of the Effectiveness of Fulfilling a Family Role on Nursing**

In this study, 201 (85%) participants agreed that fulfilling a family role has a positive effect on their nursing performance. Most of the participants believe that fulfilling a family role makes a positive difference on nursing performance. Nurses are required to have more knowledge of the life style and processes of people than other healthcare professionals (Roy et al., 2009), and nurses are also expected to acquire high communication skill to protect patients' safety (Yamanoto, Tanaka, Hyodo, & Hatanaka, 2015). Additionally, home care nurses bear a significant role of promoting patients' self-determination (Rice et al., 2006). Home care nurses may have the advantage of gaining required nursing skills, such as teaching or encouraging patients, from their family role experiences.

### **4.2 Factors Affecting the Perception**

Having a child was positively related to the perception of the effectiveness of fulfilling a family role on nursing; however, having a spouse was not related to this perception. Since a child has numerous care needs while growing up, home care nurses may learn the skills required in care services through their child rearing experience. Training in home healthcare facilities was positively related to the perception; however, training out of home healthcare office was not related to the perception. Neal-Boylan (2006) reported that home care nurses typically work alone and may encounter other nurses in office during their brief intervals; therefore, it is important that home care nurses have colleagues whom they can trust and confer patients' issues. Home care nurses would be able to discuss care services with their colleagues while training in office, which could lead them to perceive the positive effectiveness of fulfilling a family role on their nursing performance.

On the other hand, on-call duty reduced the level of positive perception of the effectiveness fulfilling a family role on nursing. Existing research has reported that doctors are interrupted by their family issues during on-call duty by work calls (V.J. Sutherland & C.L. Cooper, 1992). When home care nurses are in on-call duty, they have to be ready to act in case their residents have a problem. They would have to restrict their family life issues during an on-call duty just like doctors; therefore, on-call duty was negatively related to the perception of the effectiveness of fulfilling a family role on nursing. Age was also negatively correlated to the perception. Older home care nurses perceived the relationship between work and family more

negatively than younger home care nurses. This may indicate a gap in the sense of values caused by differences in generations; however, this finding invites a closer analysis. “Family interference with work” decreased the perception; however, “work interference with family” was not related to the perception. Family interference with work is a form of interrole conflict in which general demands like time devoted to family, and the strain created by family roles interfere with the performance of work-related responsibilities (Netemeyer, G, R, Boles, J, S & McMurrian, R, 1996). Home care nurses who perceive family interference with work would recognize that family role is the cause of stress; therefore, they may not perceive family roles to have a positive effect on nursing.

## **5. Strength and Limitation**

This study has a few strengths and limitations. First, we collected the data from only one district of Japan. This study’s data would contain regional characteristics; thus, the results have the limitation for generalization. However, the response rate was very high (72.0%; valid response rate: 92.5%). The margin of error was small; these variables protect the validity of this study’s results. Future research should focus on other areas of Japan and other countries. Furthermore, we examined only the level of nurses’ perception of the effectiveness of family roles on nursing and the factors affecting the perception; however, we did not study the skills they acquire. In future research, it would be helpful to conduct a qualitative study to explore the skills home care nurses acquire by fulfilling a family role.

## **6. Conclusion**

The majority of home care nurses perceived that fulfilling a family role had a positive effect on their nursing performance. Having a child and receiving training in home healthcare office were significantly and positively related to the perception, while on-call duty, older age, and family interference with work negatively correlated to the perception of the effectiveness of fulfilling a family role on nursing.

## Conflicts of Interest

No conflicts of interest are declared

## Funding

No external funding was received.

## Ethical Approval

This study was approved by the ethical committee of the University of Nagasaki (No. 103, Date: 30/7/2009).

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