Relationship between Job and Home Life Satisfaction and Demographic Characteristics among Occupational Health Nurses in Japan

Yoshiko Kubo¹, Yoko Hatono², Tomohide Kubo³, Satoko Shimamoto⁴ and Junko Nakatani⁵

¹⁾School of Nursing, The Jikei University

²⁾Graduate School of Medical Science, Kyushu University

³National Institute of Occupational Safety and Health

⁴⁾School of Health Science, Tokai University

⁵School of Occupational Health Science, University of Occupational and Environmental Health

(Received: November 28, 2017)

Abstract

Objectives: This study examined the relationship between job and home satisfaction and demographic characteristics among occupational health nurses (OHNs) in Japan.

Methods: Seven-hundred forty-five OHNs participated in the questionnaire survey. Measurements included demographic data and the job and home satisfaction.

Results: We found the following job and home satisfaction scores: job satisfaction = 62.7 (SD = 20.9), satisfaction with the evaluation of the immediate supervisor = 40.9 (SD = 25.2), and satisfaction with the education system in the workplace = 40.9 (SD = 25.2), home satisfaction = 70.1 (SD = 22.7). The selected independent variables explaining job satisfaction as a dependent variable were years of experience as an OHN and education level (graduate school) (Adjusted $R^2 = 0.107$). The selected independent variables explaining satisfaction with the evaluation of the immediate supervisor as a dependent variable were years of experience as an OHN, national qualification, and supervisor (others) (Adjusted $R^2 = 0.082$). The selected independent variables explaining satisfaction with the education system in the workplace as a dependent variable were years of experience as an OHN, supervisor (others), educational level (graduate school), qualification, and family-care experience (Adjusted $R^2 = 0.154$). The selected independent variables explaining satisfaction with home life as a dependent variable were marital status, educational level (university), years of experience as an OHN, and qualification (Adjusted $R^2 = 0.111$).

Conclusions: 1. OHNs' years of experience affects job and home life satisfaction.

2. OHNs with higher educational levels displayed lower satisfaction with their work life. 3. Married OHNs displayed higher satisfaction with home life than did unmarried OHNs. 4. When OHNs' supervisor was an OHN, their evaluation and satisfaction with the education system in the workplace increased.

(JJOMT, 66: 289-297, 2018)

-Key words-

job satisfaction, home satisfaction, occupational health nurse

Introduction

Dramatic changes in technology and the globalization of economics have affected workers' health and safety in Japan. Because of these changes, Japanese occupational health nurses (OHNs) must deal with risks associated with work environments, such as emerging infectious diseases and work-related physical and mental stress. In addition, the Occupational Health and Safety Law was recently revised in Japan¹). This revision obliges employers to evaluate their employees using psychological testing to reduce mental illness among

workers and promote a comfortable workplace. Therefore, the roles and services of OHNs are increasingly expanding.

The Occupational Health Nursing Research Center indicated that while about 70% of OHNs have both registered nurse (RN) and public health nurse (PHN) qualifications, the other 30% have only an RN qualification². OHNs with only RN qualifications were intermingled; some OHNs had an RN qualification and were educated by the Japan Society for Occupational Health, whereas other OHNs had not received an RN qualification. OHNs with a PHN qualification are educated in not only personal support (e.g., health consultations, health checks, and reinstatement support), but also public health (e.g., group education, precautionary practices, and population health approaches). The undergraduate education of occupational health nursing in Japan differs significantly among nursing universities. Consequently, significant differences exist in the qualifications and undergraduate education of OHNs in Japan³. Furthermore, about 30% of OHNs work alone without occupational health physicians (OHPs) and colleague OHNs, thereby limiting opportunities for on-the-job training and role expansion. Most OHNs work full-time, whereas most OHPs work part-time. About 50% of OHNs are supervised by non-healthcare staff, who may not fully understand the OHN role and not value continuing professional development and the importance of being promoted and hired as full-time staff⁹. Consequently, OHNs in Japan may find it difficult to plan and develop their careers⁴⁵. To provide high-quality nursing for patients, it is necessary to raise nurses' job satisfaction⁶. A positive correlation between patient satisfaction and nurses' satisfaction has been previously shown⁷.

There are many studies about job satisfaction among general workers and hospital nurses in Japan; however, there are only two previous studies⁸⁹ about job satisfaction of OHNs in Japan. To raise job satisfaction of general workers, it is important to raise job satisfaction of OHNs who support general workers and it is important to improve work environment to demonstrate professional ability and improve work ethic.

Nishida et al.⁸⁾ did a research on job stress and job satisfaction of OHNs. They found a connection between low job satisfaction and low understanding of occupational health services in their organization, and bad physical condition. Ichimaru⁹⁾ researched work engagement and OHN's supervisor (medical professionals vs. nonmedical professionals), finding a connection between job satisfaction and work engagement regardless of the supervisor. However, in these studies, the dependent variable was not job satisfaction, and additional factors related to job satisfaction were not considered. Moreover, recently, since the importance of work-life balance has emerged in Japan, we think that not only job satisfaction, but also home life satisfaction will be critical for career development¹⁰. Consequently, this study examined the relationship between job and home satisfaction and demographic characteristics among OHNs in Japan.

Materials and Methods

Participants

This study recruited OHNs affiliated with the Japan Society for Occupational Health. First, half the sample of OHNs were selected through random sampling by the secretariat of the Japan Society for Occupational Health. Those not currently working as OHNs were excluded. Finally, 745 anonymous questionnaires were distributed by mail in May 2015 with a letter describing the aims and procedure of the study, and assuring that participation was completely anonymous. Three-hundred thirty-seven questionnaires were returned (response rate: 45.2%). After excluding OHNs with at least one missing data point on the questionnaires, 325 questionnaires were included in the analyses.

Demographic information

Demographic data included sex, age, years of career as an OHN, education level, qualification, position, affiliation, employment, supervisor, marital status, child-care experience, and family-care experience.

Job and home life satisfaction

We investigated job satisfaction via the evaluation of the immediate supervisor and satisfaction of the education system present in the workplace as in previous studies³. Job and home life satisfaction were measured using the Visual Analog Scale (VAS). The VAS is a 100-mm horizontal line, that divides satisfaction into grades from 0 (0% satisfaction) to 100 (100% satisfaction); participants were asked to indicate their satisfaction level by indicating a spot on the line. The VAS score was determined by measuring, in millimeters, from the left-hand end of the line to the participant's point.

Statistical analyses

The degree of job and home life satisfaction were measured using the value on the VAS. For two groups such as position and employment, non-paired t-tests were conducted. For more than three groups such as education level and affiliation, a one-way analysis of variance and a hypostasis Tukey test were conducted.

Multiple regression analyses were used to assess the relationship between job and home life satisfaction; however, first, each independent variable was calculated as a candidate correlation coefficient via the Spearman method. The correlation coefficient of age (real number) and years of career as an OHN (real number) was 0.5 or more (r = 0.719). Therefore, "years of career as an OHN" was left as an independent variable because correlation coefficients of years of career as an OHN were higher with each satisfaction level. Moreover, the nominal scale was converted into dummy variables of 0 and 1, and a scale with three or more categories was created as a reference category, such as national qualification (1: public health nurse, 0: registered nurse) and qualification (1: yes, 0: no). Stepwise method multiple regression analyses were used to assess the relationship between job and home life satisfaction as the dependent variables, as well as the independent variables of each career anchor score, years of career as an OHN, dummy variables of nominal scale national qualification and gualification and so on. Because we calculated the Variance Inflation Factor (VIF) value at the time of analysis, the VIF value was always around 1 to 2 levels, as there were no variables that were more than 10; there were no problems regarding multiple collinearity. All statistical analyses were conducted using SPSS Version 23.0 for Windows (IBM Corp., NY, USA).

Ethical considerations

This study was approved by the ethical review board at the author's institution (ID number 7823). This study was approved by the Japan Society for Occupational Health. Participants were informed of the purpose, procedures, potential publication of this study, and their rights of refusal and confidentiality. Written informed consent was obtained from participants.

Results

Characteristics of respondents

Table 1 shows the characteristics of respondents. The mean age of participants was 45.3 years (SD = 9.3). The mean length of career as an OHN was 15.3 years (SD = 9.1).

Relationship between job and home life satisfaction and characteristics

Table 1 shows the relationship between job and home life satisfaction and characteristics.

We found the following job and home satisfaction scores: job satisfaction = 62.7 (SD = 20.9), satisfaction with the evaluation of the immediate supervisor = 40.9 (SD = 25.2), satisfaction with the education system in the workplace = 40.9 (SD = 25.2), and home satisfaction = 70.1 (SD = 22.7).

There were significant differences in educational level, marital status, and child- and family-care experience regarding job satisfaction. Regarding educational level, job satisfaction decreased as educational level increased. Furthermore, the score of married OHNs was higher than unmarried OHNs, and the score of those with no-child-care experience was higher than those with experience. There were significant differences in national qualification, supervisor, marital status, and family-care experience and satisfaction of the immediate supervisor. There were significant differences in educational level, qualification, position, supervisor, and familycare experience regarding the satisfaction of the education system in the workplace. The score of graduate school OHNs was the lowest and the scores of OHNs with an OHN supervisor were the highest. There were significant differences in educational level, and marital status regarding home life satisfaction.

Multiple regression analyses of job and home life satisfaction

Table 2 shows the multiple regression analyses of job and home life satisfaction.

The selected independent variables explaining job satisfaction of dependent variables were years of experience as an OHN and education level: graduate school (Adjusted $R^2 = 0.107$). The selected independent variables

	Job satisfaction				Satisfaction of the evaluation of the immediate supervisor			Satisfaction of the education system in the workplace			Home life satisfaction		
	Ν	Mean	SD	р	Mean	SD	р	Mean	SD	р	Mean	SD	р
Overall	325	62.7	20.9		61.9	24.0		40.9	25.2		70.1	22.7	
Age (yr) ^{B)}													
≦29	14	69.6	14.1		53.5	26.7		39.2	19.9		78.1	13.8	
30-39	84	60.3	23.6		64.8	25.7		37.0	24.7		72.2	23.7	
40-49	107	65.8	17.6	0.091	64.0	21.7	0.150	42.9	23.6	0.302	70.9	20.6	0.683
50-59	104	60.1	21.7		61.5	24.1		41.6	28.1		69.8	23.4	
60≦	15	61.2	20.6		49.2	23.8		35.4	19.5		68.5	22.5	
Career as an occupational health nurse (yr) ^{B)}													
≦10	136	62.1	20.1		63.9	23.3		37.6	25.1		73.5	21.8	
11-20	99	63.0	21.0	0.011	64.1	24.4	0.402	43.0	27.2	0.208	69.8	21.3	0.720
21-30	70	63.0	20.1	0.911	58.4	24.9	0.492	42.9	23.3	0.390	70.0	21.5	0.720
31≦	20	60.0	26.3		54.0	22.6		37.7	20.0		65.0	30.6	
Educational level ^{B)}													
Vocational School	134	63.9	^{21.9} 70.025		62.4	25.6		42.8	25.2 TO 029		74.8	21.4	
Nursing junior college	58	63.3	17.5	0.033	63.7	22.6	0.507	43.4	25.0	0.010	70.7	19.9 0.000	0.000
University	100	63.1	19.3	0.055	61.8	23.3	0.397	39.3	24.9	0.015	65.1	22.6	0.000
Graduate school	29	53.4	24.2		59.5	27.3		29.3	23.7		75.5	$24.1 \rfloor 0.038$	
National qualification A)													
Public health nurse	241	65.4	19.1	0.478	55.2	25.3	0.005	41.3	22.7	0.410	75.2	17.3	0.386
Registered nurse	84	61.5	21.3	0.470	64.6	23.1	0.005	40.1	26.0	0.410	69.7	23.5	0.500
Qualification ^{A)}													
Registered occupatioal health nurse of the society ¹⁾													
Yes	196	62.8	21.1	0.961	63.5	24.7	0.238	44.0	25.5	0.004	70.4	22.5	0.163
No	129	61.8	20.2	0.501	60.0	22.8	0.250	34.5	23.4	0.001	72.7	21.5	0.100
Position ^{A)}													
Nurse manager	38	67.7	14.5	0145	67.8	22.1	0.089	49.7	22.8	0.006	76.2	19.8	0.096
Staff nurse	257	61.6	21.5	0.1 10	61.2	24.3	0.000	38.9	25.2	0.000	70.3	22.4	0.000
Affiliation ^{B)}													
Corporation	238	63.7	20.4		62.1	24.1		39.5	25.3		71.4	^{22.0} ר 0.004	
Health insurance association	35	64.4	18.9		71.2	22		45.6	21.1		80.0	15.3	
Public office	5	58.3	28.9		46.7	28.9		43.3	28.9		34.0	11.9 0.000	
Industrial health organization	9	65.0	18.9	0.084	60.7	26.1	0.119	57.1	28.7	0.353	74.3	16.2	0.000
Health check organization	7	49.2	27.1		55.0	19.7		35.0	24.9		50.0	32.7	
Hospital	13	48.0	19.3		59.0	17.8		39.0	30.5		61.0	28.8	
Educational organization	9	52.8	25.4		45.0	26.9		32.8	25.5		67.8	11.8	
Employment ^{A)}													
Full-time worker	253	63.5	19.9	0.800	62.2	24.5	0.727	40.7	25.4	0.901	69.4	22.1	0.023
Others	72	57.8	23.9		62.0	21.9		39.1	24.2		78.2	21.1	
Supervisor ^{B)}													
Occupational health nurse	56	63.0	16.7		72.4	^{19.8} 70.004		54.0	^{23.6} ך ^{0.021}	0.000	69.4	16.7	
Occupational health physician	53	61.2	21.1	0.833	65.3	22.0	0.006	40.3	23.7 - 0.000		70.7	22.2	0.548
Others	210	63.6	22		58.7	26.3 🛛		36.1	25.1 🗆		69.9	24.4	
Marriage ^{A)}													
Yes	234	64.1	19.1	0.050	57.0	26.5	0.026	40.8	24.1	0.193	73.4	20.9	0.000
No	81	57.7	23.7		63.9	22.9		39.3	28.1		64.4	24.5	
Child-care experience ^{A)}			24.2		26.5	22.4						22.1	
Yes	169	58.4	24.3	0.032	62.8	23.4	0.451	41.6	24.4	0.055	72.3	20.1	0.273
No	98	64.7	18.1		61.1	25.1		38.4	26.4		68.9	25.3	
Family-care experience A)		ac -			ac -			1c -	24.2				
Yes	55	66.5	15.4	0.085	69.9	21.7	0.018	48.7	26.3	0.001	73.8	16.1	0.496
No	212	61.3	21.9		60.0	24.2		38.1	24.4		70.3	23.5	

 Table 1
 Relationship between job and home life satisfaction and characteristics (N=325)

SD: Standard Deviation

 $^{\rm l)}\,{\rm Previous}$ education system

A) Non-paired t test

^{B)} Oneway ANOVA, hypostasis Tukey test

Dependent variables	Selected independent variables $^{\rm A)B)}$	Standardized partial regression coefficient β	р	Adjusted R ²	F of regression equation	Significance of F
Job satisfaction	Career as an occupational health nurse	0.302	0.000	0.107	18.366	0.000
	Educational level: Graduate school	-0.114	0.042	0.107		
Satisfaction of the evaluation of the immediate supervisor	Career as an occupational health nurse	-0.209	0.000			
	National qualification	-0.169	0.004	0.082	9.584	0.000
	Supervisor: Others	-0.134	0.021			
Satisfaction of the education system in workplace	Career as an occupational health nurse	-0.170	0.004			
	Supervisor: Others	-0.272	0.000		9.811	0.000
	Supervisor: Occupational health physician	-0.195	0.006	0.154		
	Educational level: Graduate school	-0.158	0.004	0.154		
	Qualification	0.123	0.029			
	Family-care experience	0.119	0.038			
Home life satisfaction	Marriage	0.173	0.003		10.010	0.000
	Educational level: University	-0.161	0.007	0.111		
	Career as an occupational health nurse	-0.142	0.020	0.111		0.000
	Qualification	-0.131	0.020			

Table 2 Multiple regression analyses of job and home life satisfaction (N=325)

Stepwise method multiple regression analyses

^{A)}Quantitative variable; Career as an occupational health nurse

^{B)}Qualitative variable (Nominal scale); National qualification (1: Public health nurse, 0: Registered nurse), Qualification (1: Yes, 0: No), Position (1: Nurse manager, 0: Staff nurse), Employment (1: Full-time worker, 0: Others), Marriage (1: Yes, 0: No), Child-care experience (1: Yes, 0: No), Family-care experience (1: Yes, 0: No), Educational level: Nursing junior college (1: Nursing junior college, 0: Vocational School), Educational level: University (1: University, 0: Vocational School), Educational level: Graduate school (1: Graduate school, 0: Vocational School), Supervisor: Occupational health physician (1: Occupational health physician, 0: Occupational health nurse), and Supervisor: Others (1: Others, 0: Occupational health nurse). Nominal scale was introduced a dummy variable.

Education level was classified using vocational level as a reference category, and supervisor was classified using OHN as a reference category.

ables explaining the satisfaction of the evaluation of the immediate supervisor of dependent variables were years of experience as an OHN, national qualification, supervisor; others (Adjusted $R^2 = 0.082$). The selected independent variables explaining satisfaction of the education system in the workplace of dependent variables were years of experience as an OHN, supervisor; others, educational level; graduate school, qualification, and family-care experience (Adjusted $R^2 = 0.154$). The selected independent variables explaining satisfaction of home life dependent variables were marital status, educational level; university, years of experience as an OHN and qualification (Adjusted $R^2 = 0.111$).

Discussion

Relationship with job life satisfaction

In this study, there were significant differences in educational level, satisfaction of work life, and satisfaction of the education system in the workplace in the univariate analysis. There were differences in educational level, satisfaction of the education system in the workplace, and satisfaction of home life in the multivariate analysis. There are many studies regarding job satisfaction among nurses; however, only a few have examined the relationship between satisfaction and educational level because nurses typically do not have diverse educational backgrounds. No previous study has compared four educational levels (vocational school, nursing junior college, university, and graduate school) among nurses.

In a previous study, HNs of non-university level had higher scores than university level nurses regarding job satisfaction¹¹). This previous research obtained the same result as the current research: higher educational level means lower scores compared to low educational levels regarding job satisfaction. In general women's research, previous studies found both that there is no relation between educational level and work satisfaction¹², and that there is a relation¹³. Clark stated that female workers were more satisfied with their job than male workers; the results were different depending on the occupational environment; many studies are conducted with young, highly educated, professional workers and in male dominant workplaces¹⁴. Therefore, we speculated that workers with higher educational levels had lower job satisfaction and lower satisfaction regarding the education system in the workplace. The reason was that these workers have high goal setting expecta-

tions; they also expect promotions; however, this is often difficult to attain.

There were significant differences regarding the supervisor when comparing a supervisor who was an OHN with others, with respect to the satisfaction of the immediate supervisor, and the satisfaction of the education system in the workplace in both the univariate and multivariate analyses. As mentioned in the introduction, about 50% of OHNs are supervised by non-healthcare staff, who may not fully understand the OHN role and may not value continuing professional development and the importance of being promoted and hired as full-time staff³. In this survey, only 56 OHNs (17.2%) had a supervisor who was not an OHN, this result is different from the ratio in previous research. However, this result also showed that even when the OHNs' supervisors are OHNs themselves, their job satisfaction increased, probably because OHNs were recognized for their work by their supervisors, and they could receive appropriate education for their field of nursing; their supervisor became a role model for them. Consequently, we suggest that it is important for OHNs to be appointed in managerial positions for career development.

There were significant differences in the number of years as an OHN, job satisfaction, the satisfaction of the evaluation of the immediate supervisor, and the satisfaction of the education system in the workplace in the multivariate analysis; there was no significant differences in the univariate analysis. In a previous study about hospital nurses and administrative public health nurses, nurses with more years of experience had higher job satisfaction¹⁵. Likewise, in this study, OHNs with more career experience had higher job satisfaction. On the other hand, the level of satisfaction of the evaluation of the immediate supervisor and satisfaction of the education system in the workplace decreases as the number of years as am OHN increases.

Umesaki¹⁶, who examined general workers in Japan, stated that supervisors' evaluations of their subordinates tend to be more negative the longer the subordinate has worked in the same department. In this survey, about 60% of the OHN's supervisors were non-healthcare staff and general staff. Many general staff members have experience in various departments; however, typically, OHNs have not changed departments. Therefore, we consider that it is difficult to obtain a very positive evaluation as an OHN obtains more years of experience.

Regarding the satisfaction level of the education system, the satisfaction of over thirty experience years was low. There was a continuing education system of department occupational health nursing in Japan Society for Occupational Health as a conventional representative education system after graduation. However, this system was constructed in 1995 and OHNs who completed the basic course could register as an OHN of Japan Society for Occupational Health since 1998. Perhaps this was because there was no continuing education system when OHNs were novices or advanced beginners.

Relationship with home life satisfaction

Home satisfaction was higher than job satisfaction in this study. OHNs can work independently and at their own pace, except when there is an emergency, therefore OHNs can tailor their work and private life. Consequently, we considered that home satisfaction of OHNs was higher. In addition, home satisfaction has related to marriage, education level: university, years of experience as an industrial nurse, qualification.

According to a survey of general people conducted by Diener and Seligman¹⁷, married people have a higher sense of well-being than unmarried, and the most important personal relationship was marriage and family members, and they related to well-being. In the survey of general Japanese people by Iwai¹⁸, married people have a higher happy feeling than unmarried. Therefore, married OHNs have a higher satisfaction than unmarried OHNs.

Moreover, concerning educational background, in a survey conducted by Hartog and Oosterbeek¹⁹, higher educated people did not feel the highest happiness level. In contrast, Urakawa²⁰ stated that while it is assumed that more educated people will be happier than their less educated counterparts, what was not considered was that with higher education come greater ambitions and loftier goals. Therefore, we considered that OHNs with a bachelor's degree might show decreased home satisfaction.

In this study, the correlation coefficient of age (real number) and years as an OHN (real number) was 0.5 or more (r = 0.719). Therefore, we adopted "years of career as an OHN." In the survey of general Japanese people by Shishido²¹, female happiness declines at the age of 20 years and, following a U-shaped curve, rises at the age 60 years. Therefore, we considered that OHNs show a decrease in home satisfaction as years of experience and

age increase.

Limitations and future issues

Admittedly, we studied OHNs with a certain level of professional awareness as we targeted members of the Japan Society for Occupational Health. According to a survey by the Japanese Nursing Association, there are 12,300 nurses working in other offices. Therefore, our study only covered a small fraction of OHNs. Previous studies have had response rates of about 15%, with approximately 400 participants. When planning surveys with OHNs, it can be difficult to determine where they work; therefore, surveys are often conducted among those who are members of the Japan Society for Occupational Health. In this survey, the response rate was below 60%, therefore subject-related bias is a potential limitation of this study.

Many studies about satisfaction have used the VAS method^{22/23}, and one study has addressed its validity²³; however, the VAS method is often used to evaluate abstract concepts, and details of satisfaction were not able to be evaluated. Moreover, in the multiple regression analyses, adjusted R² values were low. Future studies should address additional factors related to job and home life satisfaction and examining the scale's validity and reliability. Furthermore, it is not possible to derive any causal relationships, because this study was a cross-sectional survey. In the future, we hope to research the various effects of job satisfaction longitudinally, which will contribute to the career development of OHNs.

The following 4 conclusions were obtained from this study:

1. OHNs' years of experience affects job and home life satisfaction.

2. OHNs with higher educational levels displayed lower satisfaction with their work life.

3. Married OHNs displayed higher satisfaction with home life than did unmarried OHNs.

4. When OHNs' supervisor was an OHN, their evaluation of their immediate supervisor and satisfaction with the education system in the workplace increased.

Acknowledgments

We gratefully acknowledge the very helpful participation of the OHNs. This work was supported by a Grant-in-id from The Jikei University and Japan Society of Private College and Universities of Nursing.

Authors' Contributions

YK, YH, TK, SS, and JN contributed to the conception and design of the study, statistical analyses, and drafting of the manuscript. All authors read and approved the final manuscript.

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Reprint request:

Yoshiko Kubo

Department of Nursing, The Jikei University School of Medicine, 8-3-1, Kokuryo, Chofu, Tokyo, 182-8570, Japan. 別刷請求先 〒182-8570 東京都調布市国領町 8−3−1 東京慈恵会医科大学医学部看護学科 久保 善子

産業看護職の仕事・家庭の満足度と基本属性の関連

久保 善子¹⁾, 鳩野 洋子², 久保 智英³⁾
 島本さと子⁴⁾, 中谷 淳子⁵⁾
 ¹⁾東京慈恵会医科大学医学部看護学科
 ²⁾九州大学大学院医学研究院保健学部門看護分野

 ³労働安全衛生総合研究所
 ⁴⁾東海大学健康科学部看護学科
 ⁵⁾産業医科大学産業保健学部看護学科

ーキーワードー 仕事の満足度,家庭の満足度,産業看護職

目的:産業看護職の仕事・家庭の満足度と属性の関連を明らかにすることを目的とした.

方法:(社)日本産業衛生学会の会員である産業看護職をランダムサンプリングした半数(745人,回収数337人,有 効回答数325人)に,無記名自記式質問紙調査票を郵送し,配布・回収を行った.調査期間は2015年5月~6月であっ た.調査内容は1)対象・勤務先の属性,2)仕事(仕事の満足度,直属の上司の評価の満足度,職場内の現任教育の満 足度)・家庭の満足度であり,Visual Analog Scale (VAS)法を用いた.分析方法は,仕事・家庭の満足度のVASの測 定値を満足度の値として換算し,仕事・家庭の満足度と属性との関連を分析するためにt検定,一元配置分散分析およ びTukey法を用いた.最後に,仕事・家庭の満足度を従属変数とし,属性を説明変数として,ステップワイズ法による 重回帰分析を行った.

結果:仕事の満足度は62.7±20.9,上司の評価に関する満足度は61.9±24.0,職場の教育体制に関する満足度は40.9 ±25.2,家庭の満足度は70.1±22.7であった.仕事の満足度を説明する属性は,産業看護職としての経験年数,学歴:大 学院であった(Adjusted R²=0.107).上司の評価に関する満足度を説明する属性は,産業看護職としての経験年数,国 家資格,上司:その他であった(Adjusted R²=0.082).職場内の教育体制に関する満足度は,産業看護職としての経験 年数,上司:その他,上司:産業医,学歴:大学院,資格,介護経験であった(Adjusted R²=0.154),家庭の満足度を 説明する属性は,婚姻,学歴:大学,産業看護職としての経験年数,資格であった.(Adjusted R²=0.111).

結論:1. 産業看護職の経験年数は、仕事・家庭の満足度に影響する.2. 大学院卒の産業看護職の仕事の満足度は、 低い傾向にあった.3. 既婚者は、家庭の満足度が高かった.4. 上司は、産業医・その他の者と比較すると看護職であ る方が、上司の評価の満足度、職場内の教育体制に関する満足度を高めることが示唆された.

利益相反:利益相反基準に該当無し

(日職災医誌, 66:289-297, 2018)

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