

Research Report

Multiple Roles of Japanese Wives who are Nurses and their Perceptions of Depression

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【Abstract】

The purpose of this study was to examine the relationship between levels of depression and how Japanese wives who are nurses perceive their work roles and how they cope with multiple roles in their lives. A cross-sectional correlational research study was conducted by a self administered questionnaire on 44 nurses, age 25 to 55, who were living with their husbands and working at least 20 hours a week at one hospital in Miyazaki city. Relationships between work roles, coping strategies, and depression were examined using SPSS correlational analysis on the following four scales: Sex Role Orientation (ISRO) Scale, Coping with Role Conflict Scale, Division of Household Labor Scale, and the Center for Epidemiological Study-Depression (CES-D).

Multiple regression results pointed out three areas of interest: age & education (3 research questions), employment (one research question), and household tasks (2 research questions). Major findings reveal as nurses age, work longer hours at work, and perceive household tasks as their duty show higher levels of perceived depression. Higher levels of education tend to lead to lower levels of perceived depression. Major problems also point to the incompatibility of traditional societal values and the new roles of working nurses.

Recommendation for helping working nurses cope with their perceived depression can come from improved family ties with more family discussion on role sharing, help from other family members, and a review of their workloads.

【Key words】 coping, depression, Japanese working wives, multiple roles, nurses

Introduction

Many women must now play the dual role of housewife and wage earner causing what Goode¹ refers to as role strain. Dual role obligations are difficult to handle² leading to role conflict or the feeling of being pulled apart by incompatible demands.³ Other re-

search points in the same direction. Stephens, Franks, and Townsend⁴ found a relationship between multiple roles and depression, as did Barnett and Baruch⁵. Kandel, Davies, and Raveis⁶ also found causal relationships between depression and women who played different roles (marital, occupational, and housework).

Extensive studies in Korea⁷⁻¹² have also shown conflicts between married women and their occupational and housework responsibilities. Thornton and Leo¹³ found women who believe in gender roles to have higher depression states than women who show no gender typing.

This paper investigates a subset population of nurses from one prefectural hospital from a previous study for possible connections between symptoms of depression and women's multiple roles. It is hoped that this study will shed some light on the nursing profession in Japan and the potential for depression among full time nursing staff.

The following are the research questions we hope to answer:

Research Question #1. *What is the relationship of nurses' age and depression?*

Research Question #2. *What is the relationship of nurses' education and depression?*

Research Question #3. *What is the relationship of nurses to hours of work per week?*

Research Question #4. *What is the relationship of nurses to hours of work per week and depression?*

Research Question #5. *Nurses who perceive household tasks as their duty tend to have higher depression levels.*

Research Question #6. *What are the relationships among perception of the nurse's work role, household work, and depression?*

Method

Design

This multiple questionnaire survey is part of a larger study carried out in Miyazaki,

Japan, on 5 major groupings of women, with one of the groups being nurses at a prefectural hospital. The nursing group was isolated and its data run to see how they compared against the larger population. The study was conducted during a three month period in the spring of 2003 in Miyazaki Prefecture, Japan with all data collected from one prefectural hospital.

A cross-sectional survey research design was used to gather self-reported data from working, married Japanese women, whose career is nursing regarding their perceptions of their work role, their strategies for coping with multiple roles, and their level of depression. The relationships between work role, coping strategies, and depression were then examined using SPSS version 11.0 for correlational analysis.

Setting

The study was conducted during a three month period in the spring of 2003 in Miyazaki Prefecture, Japan with all data collected from one prefectural hospital.

Population and Sample

The population consisted of Japanese female nurses. The selection criteria were that the participants must be married literate Japanese women, ages 25 to 55, living with their husbands, and working at least 20 hours a week at the time the questionnaire was completed. 100 self-administered questionnaires with instructions how to score it with a self addressed return envelope were given to the head nurse at one prefectural hospital in

Miyazaki prefecture to be handed out to the stated population. The handing out and collection of the questionnaire took approximately 3 months to complete.

Return of the questionnaire represented the population's consent to participate in this study. Care was taken to insure the privacy of the participants by specifically asking that no names or means of identification be written on the returned questionnaires.

Instrument

A 13 page (135 questions) questionnaire produced by Um and Dancy¹² at Ewha Womans University, College of Nursing Science, Seoul, Korea, previously used to measure wives appraisal of their work role, coping strategies, and depression was reconfigured to 9 pages with 108 questions. It was then translated into Japanese and back translated according to Werner and Campbell¹⁸ and pilot tested on a group of 21 nurses (40 questionnaires were sent out with a return rate of 52.5%).

Analysis was carried out on the following 4 items:

Index of Sex Role Orientation

Wives who are nurses appraisal of their work role was measured with a modified version of Index of Sex Role Orientation (ISRO) Scale by Dreyer, Woods, & James¹⁴. It was used to describe women whose behavior is dictated primarily by rules and rituals derived from past generations. The ISRO was developed from an original pool of 19 item attitude statements using a 5 point Likert¹⁵ type scale technique. Response options range from strongly disagree to strongly agree.

Wife's Role in Household Tasks and Priority of Household Tasks

Role sharing was measured with a modified version of Division of Household Labor Scale by Blair and Johnson¹⁶ was used to measure the degree of support when a spouse shares the household responsibilities. The role sharing scale consisted of nine household activity areas. Respondents were asked to utilize a 5 point Likert¹⁵ type scale ranging from not applicable to always does. Person(s) who performed each task was also asked.

Coping with Conflict

Depression was measured by the Center for Epidemiological Study-Depression Scale¹⁷ (CES-D) originally written by Weiss, copyright date 1977. This 20-item, 4-point Likert¹⁵ type scale ranging from 0 (experience depressive symptom less than once a week) to 3 (experiences the depressive symptom five to seven days a week) is a self-reporting scale designed to measure depressive symptomatology in the general population by assessing 6 major depressive symptom areas.

Results

Of the 100 self-addressed stamped envelopes, 44 were returned (44%) and used for final analysis. Data was collected, coded, and analyzed using SPSS 11.0 version for PC computers. Descriptive statistics were calculated for the demographic variables. Demographically, 9 questions were asked. The average age of the participant was 41.6 years old (SD=7.75) with 1.38 children living in their own homes. They worked an average of 41.9

hours/week and earned between 400,000 and 450,000 Japanese Yen/month (including overtime pay and yearly bonuses as of the end of August, 2003). They considered themselves professionals having completed at least a 2 year university degree granting education. (Table 1)

The scale's items were then factor analyzed using principal component analysis with varimax rotation and a minimum eigenvalue of 1.0. Items were required to have a factor loading of at least 0.50 for inclusion in a factor. If more than one item scored over 0.50, the higher value was used for factoring. Low

factor loading items were deleted for internal consistency when measured against Cronbach's alpha.

Index of Sex Role Orientation

Item #3: *As a general rule, Japanese wives should not work outside the house*, Item #8: *If a Japanese woman has a career, then the couple should not have a child*, and Item #15: *Women are happier as wives and mothers than as workers* were deleted due to their low factor analysis extraction scores (0.393, 0.291, and 0.336 respectively). Factor analysis generated 5 factors:

SFactor 1: Equal Job Opportunity

Table 1 Distribution of Demographic Data of Subjects (given in %)

Education level	(College graduate)
2 - 3 year college (Junior College)	95.5
4 year college	4.5
Graduate school or better	0
Housing arrangements	(Own their own home)
Own home	70.5
Own apartment	9.1
Renting apartment	18.2
Other	2.2
Age	(Mean 41.6) (Median 43)
25 - 35	21.2
36 - 45	40.1
46 - 55	37.7
Number of children	(1.34)
0	34.1
1	13.6
2	31.8
3	20.5
4	0
Income (monthly average + overtime & bonuses)	(400,000 - 450,000 JY/mo.)
50,000 - 300,000 JY/month	13.6
300,000 - 400,000 JY/month	22.8
400,000 - 500,000 JY/month	29.5
More than 500,000 JY/month	34.1
Working hours/week	(41.86)
20 to 40 hrs/wk	2.3
40 hrs/wk	68.2
Over 40 hrs/wk	29.5
Occupation	(Professional)
Professional	100

SFactor 2: Satisfaction being a Mother
 SFactor 3: OK to Work Outside the Home
 SFactor 4: Financial Need
 SFactor 5: Compatibility of Motherhood
 and Careers
 Cronbach's Alpha score excluding the three
 items was 0.4463. (Table 2)

Wife's Role in Household Tasks

Factor analysis revealed the same 2 factors
 for Wife's Role (A), Husband's Role (B), and
 Selected Person's Role (C):

WFactor 1: Sharing household work
 WFactor 2: Sharing non-household work
 Cronbach's Alpha scores respectively are

0.8167, 0.8567, and 0.8744. (Table 3)

Coping with Conflict A & B

Coping A (did participant discuss topics
 with husband) consisted of a 9 item 4 point
 Likert¹⁵ type scale. Item #3: *Preparing a
 family budget* was deleted from data analysis
 to its low factor analysis extraction score
 (0.255). Factor analysis generated two fac-
 tors:

CFactor 1: Household Priority

CFactor 2: Children Care Priority

Cronbach's Alpha score, excluding the one
 item, was 0.6961.

Coping B (response of husband after dis-

Table 2 Results for Multiple Regression for Sex Roles and its Relationship to Depression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-12.094	34.680		-.349	.730
age	.214	.199	.153	1.074	.291
working hours/wk	1.280	.366	.471	3.501	.001
education	-8.583	7.178	-.167	-1.196	.241
SFACTOR1	1.209	.726	.362	1.664	.106
SFACTOR2	-.115	.416	-.046	-.277	.783
SFACTOR3	-1.719	.808	-.442	-2.128	.041
SFACTOR4	-.302	.801	-.061	-.378	.708
TFACTOR5	.418	.578	.122	.724	.474

a Dependent Variable: TSCORE3 ANOVA sig. 0.007
 (Coefficient Sex Factor 3: OK to work outside the home sig. 0.041 and working
 hrs./wk.: sig. 0.001)

Table 3 Results for Multiple Regression for Wife's Factors (1 - 2) and its Relation to Priority

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	32.419	5.640		5.748	.000
WFACTOR1	-.145	.252	-.085	-.573	.570
WFACTOR2	.939	.301	.463	3.116	.003

a Dependent Variable: TPRIOR ANOVA sig. 0.012
 (coefficient WFACTOR2 - *Sharing Non-household work*: sig. 0.003)

discussion) had only one factor to analyze and could not be rotated. Cronbach's Alpha could also not be correlated. (Table 4)

Priority of Household Tasks

Priority consisted of a 10 item 4 point Likert¹⁵ type scale. Factor analysis revealed 3 factors:

PFactor 1: Housework Priority

PFactor 2: Budget Priority

PFactor 3: Child Care Priority

Cronbach's Alpha score was 0.6625.

Cronbach's alpha was then used to test the internal reliability of the factors and the total scales. Relationships between independent variables (demographic variables, multiple roles), mediating variables (perception of

wives' work role and coping strategies), and the CES-D dependent variable (depression) were tested using multiple regression. (Total mean score for CES-D was 17.68)

Multiple regression for demographics, wife's role, sex role and coping and sex role all showed relationships to depression shown by the independent variable of hours of work to be negatively associated with depression as were household task sharing. Achieving higher education status and a feeling that working outside the home is beneficial to the family lead to lower levels of depression. (Tables 5 & 6)

Multiple regression model, using multi-variate analysis, was also used to determine the significance of the factors being analyzed.

Table 4 Results for Multiple Regression for Coping and Sex Roles and their Relation to Depression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-35.641	34.436		-1.035	.310
age	.138	.203	.096	.680	.502
working hour per week	1.562	.369	.573	4.236	.000
education	-13.039	7.134	-.256	-1.828	.079
SFACTOR1	1.411	.714	.423	1.977	.058*
SFACTOR2	.280	.435	.110	.642	.526
SFACTOR3	-1.601	.817	-.408	-1.959	.060*
SFACTOR4	-.060	.774	-.012	-.078	.938
TFACTOR5	.570	.588	.161	.969	.341
TCOPING2	.563	.219	.388	2.565	.016

a Dependent Variable: TSCORE3

Anova sig. 0.002

*Denotes high reliability but over this study's maximum required score of 0.050. (see explanation below)

(Coefficient working hrs./wk.: sig. 0.000, TCOPING2 - Household & Child care: sig. 0.016)

Coefficient Sex Factor 1: Equal Job Opportunity and Coefficient Sex Factor 3: OK to Work Outside the Home's statistical results are again slightly higher than can be accepted by the parameters of this paper, but are noteworthy, because of their significance to the overall results of nurses coping/sex roles and their relation to depression.

Table 5 Results for Multiple Regression for Demographics and its Relationship to Depression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	5.213	31.140		.167	.868
age	.368	.189	.264	1.944	.060*
working hour per week	1.254	.363	.462	3.457	.001
education	-13.894	6.950	-.270	-1.999	.053*

a Dependent Variable: TSCORE3 ANOVA sig. 0.001
 *Denotes high reliability but scored over this study's maximum of 0.050.
 (Coefficients working hours/week: sig. 0.001)

Table 6 Results for Multiple Regression for Wife's Role (1 - 2 factors) (b) and its Relationship to Depression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-10.585	26.068		-.406	.687
education	-7.061	5.639	-.173	-1.252	.219
age	.299	.160	.271	1.872	.070*
working hrs/wk	.895	.295	.416	3.031	.005
WFACTOR1	.355	.206	.251	1.723	.094
WFACTOR2	-.092	.265	-.052	-.347	.731

a Dependent Variable: TSCORE3 ANOVA sig. 0.007
 *Denotes high reliability but scored over this study's maximum of 0.050.
 (Coefficient working hours/wk: sig. 0.005)

Multiple regression results pointed out three areas of interest: age & education (3 research questions), employment (one research question), and household tasks (2 research questions).

Discussion & Conclusion

Multiple regression results pointed out three areas of interest: age & education (3 research questions), employment (one research question), and household tasks (2 research questions) to be discussed.

Age & Education:

Research Question #1. *What is the relationship of nurses' age and depression?*

As working nurses who are wives become older, their levels of depression go up.

Research Question #2. *What is the relationship of nurses' education and depression?*

As working nurses who are wives receive higher degrees of education, their levels of depression go down.

Research Question #3. *What is the relationship of nurses to hours of work per week and depression?*

The longer hours nurses work, the higher their levels of depression are seen.

The research findings confer with previous findings in Japan by Nakayama, et al. when they used the GWBS (General Well-Being Schedule) to determine a positive age and education/depression relationship among working women. Although Nakayama et al⁹ parameters were slightly different, (average age of 51.5, with 40% having a college education), their outcomes were similar to this study. A slightly younger average age and larger percentage of college educated participants in Miyazaki (41.6 years old and 100% having at least a 2 year post high school education) was noted. Unfortunately, the statistical result of age is slightly over the research parameters of 0.050 to be included as findings, but are noteworthy, nonetheless. Other research also found^{20, 12} direct relationships to hours worked and depression. Freed²¹ found that educated women in Japan resent traditional expectations pressed upon them. The more education they had, the more resentment they feel towards inequality. Interestingly, this study found higher levels of attained education not to be a depressive factor.

Employment:

Research Question #4. *What is the relationship of nurses to hours of work per week and depression?*

The longer hours nurses work, the higher their levels of depression are seen. If wives think their employment is legitimate, they tend to have lower levels of depression than vice versa.

Again, this seems to also hold true with other findings^{20 Ibid. 12 Ibid} in both the United States

and in Korea respectively. There seems to be a universal tendency for working women to have higher levels of depression due to the amount of work they have to do when they come home after a full day's work. But knowing that their job is appreciated can lower their perceived levels of depression.

Household Tasks:

Research Question #5. *Nurses who perceive household tasks as their duty tend to have higher depression levels.*

The longer hours nurses work, the higher their levels of depression are seen.

Once again, hours of work per week seem to hold true with others findings^{20, 21}. The more hours they work at work, the less time they have at home. And with traditional values of women doing the household work, they would now have less time to do it in when they were at home.

It would seem logical to assume that if Japanese women nurses talk to their husbands about household tasks, there would be some understanding of the importance of the sharing of these tasks. Hall's²² work points to this and has found that the sharing of household tasks between the husband and wife lowers depression while Woods'²³ work found women who had little help from family members showed high signs of depression. But yet, as we will see in Question #6, even though Japanese women nurses talk with their husbands about role sharing, this does not necessarily lead to an overall lowering of depression.

Research Question #6. *What are the relationships among perception of the nurse's*

work role, household work, and depression?

Wives who are nurses perceive household tasks to be their responsibilities have higher levels of depression.

If it is assumed that Japanese women value being "ladylike" and are proud of their role they take on in their households²⁴, then it seems Japanese women have a great conflict between tradition and modernity: willing to work but can't spend enough time to adequately take care of the rest of the family in the way they or society wishes them to^{25, 26, 21}. This could account for why wives who are nurses spend less time on non-household tasks have higher levels of depression; the inability to take on the minimum required non-household tasks (as well as household tasks) in an adequate and acceptable level for Japanese standards may cause them to lose face with nuclear family members, neighbors, and colleagues alike. Yoshii and Yamazaki²⁷ also found working women had more meaning in life but were tired after coming home from work. Once again, it would seem logical that tired women who are nurses coming home after a hard day at work would not look forward to household tasks regardless of how much or little they have to do. Unfortunately, no matter how much working Japanese women talk to their husbands about role sharing, the overall bulk of time spent on household/non-household tasks still falls on the wife's shoulders²⁸.

Even though working outside of the home and talking to their spouses have positive effects on depression, it appears as if either holding on to cultural values or the lack of

putting discussion into practice, or both, may be a hindrance for lowering levels of depression in Japanese women who are nurses. Depression may also have something to do with how Japanese women look at gender roles in general. Thornton and Leo¹³, Larson and Sugauma²⁸ and Woods²³ found women who believe in gender roles to have higher depressed states than women who show no gender typing.

It is hoped that the results of this study may help support the previous pool of data on Asian women's depression and help bring about significant changes in government policies relating to major women's health issues not only as nurses, but in general, and to help define areas of depression for nurses.

Future Implications

Three specific societal areas may be looked at for helping nurses and their possible depression. The first place is in the home. As society modernizes, changes become inevitable. Along with these changes, so must changes in culture and traditions. Family members need to realize they can no longer cling to past norms but must make changes so that all family members may benefit equally. In short, the family needs to be more conscious of working mothers.

Next, changes in the workplace are needed. Besides the issues of equal pay and job advancement, hospitals need to look carefully at their main employees special needs. Daycare centers could either be established on premise or encouraged for parents with preschool aged children. More flexibility in the working hours

could be reviewed and time off to attend to sick children or meetings at school without repercussions in the workplace would be simple to incorporate. In house meetings may also help point out areas that could be improved. In short, more stress on family unity/values would be in order in hospitals.

Finally, government intervention, with some teeth to it, would be greatly appreciated by not only nurses but all working women. An example of this is an article Midori Otake wrote for Women-Economy, hosted by WomenWatch, United Nations. In the article she is quoted saying that the Japanese's government's report on promoting gender equity, "...simply seems to be further lip service on the part of the Japanese government. Their actions tell quite a different story."

Research Bias

In regards to the research that was con-

ducted, several points must be made. First, instruments used in this study were chosen because of the previous study in Korea used them. It was agreed upon by the researchers in their prospective countries that it would be better to use the previous instruments and questionnaire to try to get closer results for future comparative data analysis. Second, this was not a nationwide study but rather a limited population from a larger group surveyed. Third, if the questionnaires were to have been carried out by the researchers on sight, perhaps a higher rate of return would have been possible. To gain a better perspective on nurses perceived levels of depression, a larger sampling group would be recommended.

To further understand how multiple roles of women nurses may affect depression, a more comprehensive broad based study should be conducted.

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既婚日本人女性看護職者の 多重な役割と抑うつ状態に対する受容

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【抄 録】

本研究は既婚の看護師が職業上の役割をどのように捉えているか、また、多重な役割にどのように対処しているかについて、抑うつ状態との関係を検討することである。横断的に相関関係を検討する調査研究が、少なくとも週20時間の勤務をしていて、夫と同居している年齢25～55歳のA病院に勤務している44名の看護師に対する自己記述方式による調査によってなされた。性役割観スケールと対処方法の項目、家族役割分担尺度及び、疫学的抑うつ尺度の4つの指標を用いて、SPSSによる統計解析を行った。

多変量解析の結果より、年齢及び教育レベル、雇用及び家事の3つの分野で、抑うつ状態との間に相関関係が認められた。年齢がより高い場合、仕事が長時間に及ぶ場合、もしくは家事役割を義務として捉えているものは高い抑うつ状態を示した。また、教育レベルが高いものは抑うつ状態が低いレベルを示す傾向が認められた。

今回調査した病院に勤務する看護師として働く既婚女性が抑うつ状態に対処するには、仕事量の見直しや家族からの援助を必要とするとともに、仕事の分担などを家族とよく話すことが重要である。

キーワード：対処, 抑うつ状態, 日本の働く既婚者, 多重な役割, 看護師