

*Factors Influencing Job Satisfaction and Willingness to Continue Working
of Nursing Staff in Japan*

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Abstract

Japan faces a severe shortage of nurses and caregivers for elderly patients who need assistance. The purpose of this study is to examine the job satisfaction and the willingness to continue working of elderly-focused nursing staff in Akita, which is home to the highest aging rate in Japan. The obtained 934 valid responses (valid response rate: 8.32%) were analyzed using multiple regression analysis in the empowerment framework. Comparing the results of different types of nursing care facilities shows that the factors that affect "job satisfaction" and "willingness to continue working" are different as each type of facility provides its own work style and work content.

Keywords: Job Satisfaction, Willingness to Continue Working, Empowerment, Nursing Care

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Introduction

Japan has the oldest population in the world; 27.7 percent of its population in 2017 was over 65 years of age, according to its Census (Statistics Bureau of Japan 2018). There is also an increase in the number of older people who have complex needs. When elderly people have significant health needs that cannot be met if they continue to live alone, it may be time to consider assisted living. In 2000, the Long-Term Care Insurance Act (LTCI) was introduced by the Japanese government, and it provides benefits to over five million persons who are 65 years and older, which is about 17% of this age population. All Japanese aged 40 and over contribute to the LTCI by paying a premium that varies according to their income, while people aged 65 and over can access its benefits (Campbell et al 2010; Tamiya et al 2011). Those benefits and the beneficiary's level include institutional, home, and community-based services, and are determined by a local committee, who uses the results of a standardized questionnaire on daily living activities alongside a report from the enrollee's physician.

The shortage of care facilities, as well as healthcare workers, is known, especially in populated urban areas. Elderlies who need assisted living are classified into 7 levels: two support levels and five care levels. The different levels of required care under LTCI as follows.

Support 1: Basic daily activities (IADL) can be performed almost entirely by him/herself, but will requires some form of support in IADL in order to prevent any progression to a later state.
Support 2: The ability to perform IADL is slightly reduced compared to Support 1 and the patient requires some support to maintain or improve functions.

Nursing care 1: The ability of IADL further decreased from the state requiring support. The patient's condition requires partial care for excretion and bathing.

Nursing care 2: In addition to the condition requiring Nursing care 1, the patient requires partial nursing care for walking or getting up.

Nursing care 3: The IADL and ADL (*i.e.*, activities of daily living) are significantly reduced from the state of Nursing care 2, and it is impossible to stand up, walk, excretes, bathe, or puts on and takes off clothes by him/herself. The patient requires more intensive care.

Nursing care 4: The ability to move is significantly lower than in Nursing care 3 and it is difficult to perform almost every aspect of daily life without nursing care.

Nursing care 5: A state in which the ability to move is further reduced than in the state of Nursing care 4 and communication of intention is difficult. It is impossible to live a daily life without active nursing care.

Table 1 lists types of long-term/short-term care services available for Nursing care levels 1~5. The institutional services are only available for those classified as "nursing care required" levels. The amount of nursing-care insurance payments a senior receives depends on the assessed level, *i.e.* each nursing care requires an appropriate level for assistances. The individual settles the difference between the received payment and the fee charged by the nursing home. In 2015, the Revised Long-Term Care Insurance Act limited special nursing home accommodation to elderly people requiring nursing care level 3 or higher. The elderly with nursing care level 3 are those who cannot stand up or walk and need full support for the toilet.

In Japan, there are several services are available for dependent elderlies; special nursing homes, private nursing homes, group homes, long-term senior healthcare facilities, small scale multipurpose home-care nursing, and home-visit nursing care stations which aim for

comprehensive terminal care at home or support home care. Different types of nursing homes provide different types of care.

In this study, we examine the job satisfaction and the willingness to continue working of elderly-focused nursing staff in different types of nursing care services. Studies on job satisfaction of nursing care can help to identify problems and develop strategies for the improvement of care staffs' working conditions. Previous studies in Japan concerned overall nursing care staffs' job satisfaction. Learning about the job satisfaction level of people working at different types of nursing homes may provide valuable information to help the retention of nursing staffs.

Table 1: Varieties of Care Services Available for Nursing Care Required Level 1-5

<u>Home-visit Services</u>
Home-visit Care, Home-visit Nursing, Home-Visit Bathing Long-Term Care, In-Home Long-Term, Care Support, etc.
<u>Day Services</u>
Outpatient Day Long-Term Care, Outpatient Rehabilitation, etc.
<u>Short-stay Services</u>
Short-Term Admission for Daily Life Long-Term Care, etc.
<u>Residential Services</u>
Daily Life Long-Term Care Admitted to a Specified Facility and People with Dementia etc
<u>In-facility Services</u>
Facility Covered by Public Aid Providing LongTerm Care to the Elderly, Long-Term Care Health Facility, etc.

Source: Health and Welfare Bureau for the Elderly, Ministry of Health, Labor and Welfare (2016)

1. Literature Review

Japan faces a severe shortage of nurses and caregivers. Nursing jobs in Japan are perceived as one of "3K" jobs: Kitsui (hard/difficult), Kitanai (dirty), Kiken (dangerous) respectively (Tierney et al. 1994), as they are involved in body excreta and the sickness (Wolf 1986). Caregivers are also considered as one of the "3K" jobs, as pay is low, working conditions are demanding, and turnover is very high (Kingston 2011). In 2017, the ratio of job offers to job seekers in caregiving was more than 3.5, while those of entire industries were 1.5 in Japan. In addition to the current shortage, the estimated demand for nursing caregivers is estimated to be around 260,000 in 2020 and about 550,000 in 2025. To solve this problem, about 60,000 new caregivers would need to be recruited annually (Ministry of Health, Labor and Welfare 2018). While such negative images are strong, some think it is rewarding because caregivers are close to the lives of elderly people with disabilities, and those elderly are grateful to caregivers for their nursing care and some feel great joy in the connection with people. Many people seem to take pride in nursing care.

1.1. Motivation Theories

For people in nursing care to be satisfied with their work, they need to be motivated and inspired. Various motivation theory has been introduced since the 1940s. Classic Maslow's

hierarchy of needs (1943) attempted to posit human needs in a five-level hierarchy that assumes humans constantly grow toward self-actualization.

The first level is “physiological need”, which is considered to be a basic and instinctual need to live. The second level is “safety desire”, the need to avoid crisis, and the third level belongs to the need for love and belonging. It is regarded as "social desire". These three are low-order needs, which are the desires to satisfy externally. The fourth desire is called "esteem", the need to be recognized by others, and the fifth desire is “self-actualization”, the need to elicit one's abilities. Later, Maslow (1971) added a sixth level to the hierarchy of needs: the “intrinsic values (self-transcendent),” which brings the individual what he/she termed “peak experiences” in which they transcend their concerns and see from a higher perspective.

At the workplace, people can be rewarded in different forms, *i.e.*, money, prizes, desirable activities or outcomes, praise, or recognition. Some research has examined the impact of financial rewards on motivation at work (Fang & Gerhart 2012; Kuvaas 2006). After they meta-analyzed 60 experimental and nonexperimental studies, Byron & Khazanci (2012) found that creativity-contingent rewards tend to increase creative performance, and are more positively related to creative performance when individuals are given more positive, contingent, and task-focused performance feedback and are provided more choice (and are less controlled). Self-determination theory suggests that some rewards can undermine autonomous motivation, *i.e.* the undermining effect, and are therefore associated with less positive outcomes (Deci & Ryan 1985).

Herzberg's motivation theory, or the two-factor theory, suggests that there are two factors that an organization can adjust in order to influence motivation in the workplace (Herzberg et al. 1959). Herzberg et al. defined those two factors in deciding employees working attitudes and level of performance, named “Motivation” and “Hygiene Factors.” Motivation Factors are Intrinsic Factors that will increase employees’ job satisfaction; Hygiene Factors are Extrinsic Factors to prevent any employees’ dissatisfaction. They suggested that in order to increase employees’ performance or productivity, Motivation factors must be addressed.

Kanter’s (1977, 1993) Theory of Structural Power in Organizations explains the origins of empowerment in a large organization. According to Kanter's theory, empowered workers have a high degree of access to these workplace empowerment structures and will be more productive. Laschinger et al. (2009) examine the influence of empowering work conditions and workplace incivility on nurses’ experiences of burnout and important nurse retention factors, such as job satisfaction, commitment, and turnover intentions.

In this study, we regard empowerment as a factor that brings out the abilities of staff working at nursing homes. From the theory of Maslow and Herzberg, we assume that empowerment is divided into intrinsic parts such as motivational factors and extrinsic parts such as hygiene factors. We consider the factors that lead to job satisfaction from both "intrinsic empowerment" that derives the staff's abilities intrinsically and "extrinsic empowerment" that derives exogenously.

1.2. Nurses and Caregivers’ Job Satisfaction and Willingness to Continue Working

Studies on job satisfaction and job stress of nurses and caregivers working at long-term care services are important and have been conducted in Japan and around the world. Ogata et al. (2015) researched staff turnover in nursing homes in Japan. They investigated nurses and

caregivers employed at nursing homes in Japan on their working conditions and their intention to continue their work. They performed a covariance structure analysis to verify the causal relationship among factors that affect their organizational commitment, their coping strategies for intergroup conflict, and their intention to continue working. As a result, to prevent turnover, it is necessary to increase organizational commitment, actively exchange information between staff and management, improve a career up system for nursing staff, increase human resource education, create support systems, and foster the continuous education of nursing staff.

Yamaji et al. (2014) conducted a questionnaire survey on factors related to employee satisfaction regarding the work environment of elderly nursing care facilities from directors' and staff's points of view. Their results indicate that the employee satisfaction from the directors' perspective is directly enhanced by care skills, information sharing, and evaluation whereas those of the staff's perspective is based on the work environment related to flexible working hours and good staff communication. They proposed that the implementation of a welfare facility management system, one that includes the staff-proposed factors, would improve employee satisfaction and reduce turnover. Karsh et al. (2005) examined whether the characteristics of the workplace, the work environment, the participation in quality improvement activities, and the environment of the quality improvement of the facility can predict the commitment and satisfaction of the nursing home employees and whether the intention to change jobs could be predicted or not. They found that intention to leave a job can be predicted by satisfaction, especially commitment, and turnover can be prevented by reducing work burdens and role conflicts, and by enhancing flexible scheduling, safety, work clarity, and other quality improvement efforts.

Manninen (2011) analyzed factors related to the performance of work, the working culture at the workplace, and the life situation and how those factors increase or decrease the willingness and ability of employees to cope and to continue working in the nursing home as well as home care. It was found that, in order to continue working in elderly homes or with the elderly in general, the employee must have both the willingness and the ability to continue.

Akita prefecture is known for the highest ratio of seniors in Japan; people 65 years of age or older account for 36.4% of the population in 2018 and are expected to be 50.1% by 2045 (Cabinet Office 2018). There are a few studies conducted in Akita on nursing homes. Sato et al. (2012) carried out an interview survey and a questionnaire survey on the job satisfaction of care staff in nursing homes in Akita City, Japan. From the data obtained in the survey, they concluded that the satisfaction level of the care staff was about 50%; both the satisfied and unsatisfied aspects were combined. Despite many care staff who strongly wanted to quit their jobs, many wanted to continue working as long as they could. In other words, it implies how the job is rewarding, and how the workers are willing had an effect on satisfaction and hindered the turnover rate of care staff. Miyamoto et al. (2017) conducted a questionnaire survey of nursing homes in Yurihonjo City and Nikaho City located in the southern part of Akita Prefecture and examined which factors would lead to the satisfaction of caregivers through various analyzes. Their results suggest that those items directly related to job satisfaction and interest are "pride in work" and "human relations in the workplace", and it is necessary to enhance these items in order to improve satisfaction. Many studies on nursing care analyze the results of questionnaire surveys, but few studies are conducted based on theoretical assumptions. Studies using the "empowerment" framework are rare. In this study, we focus on the empowerment theory and approach the job satisfaction of care staff from a new direction.

2. Research Model

A previous work (Miyamoto et al. 2017) concluded that pride in work and human relationships in the workplace were related to job satisfaction. In this study, we interpret that pride in work is an intrinsic value inside the staff, while human relationships at work is an extrinsic value. The former is defined as "intrinsic empowerment" in which the staff generates power internally, and the latter is defined as "extrinsic empowerment" in which the staff generates power due to the influence of the external environment. In the case of endogenous values, in addition to pride in work, one's position in the workplace and the growth of one's position are also included. This study analyses not only job satisfaction, but also the willingness to continue working. Fig. 1 shows the research framework of this study.

Based on the research model, the following four hypotheses are posited.

- H1:** Intrinsic empowerment will affect job satisfaction.
- H2:** Extrinsic empowerment will affect job satisfaction.
- H3:** Intrinsic empowerment will affect employee's will to continue working.
- H4:** Extrinsic empowerment will affect employee's will to continue working.

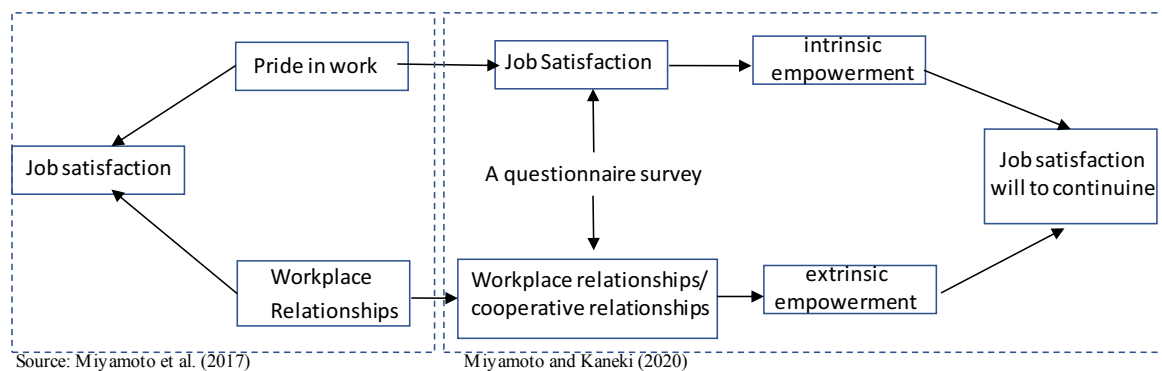


Fig.1: Research Model

3. Methods

Those who are working in "Visiting care," "Daycare," "Short-stay care," "Group home for dementia," "Special home for the elderly care," in the entire Akita prefecture were invited to participate in the overall study of job satisfaction of nursing/caregiving staff. A mail questionnaire survey, a 5-point Likert scale questionnaire from "Strongly Disagree" on one end to "Strongly Agree" on the other with "Neither Agree nor Disagree" in the middle, was used to gather data. The survey was conducted from June to July 2016. A list of designated long-term care insurance-based nursing homes, available at Akita Prefecture HP (the most recent list is available as of April 1, 2019) was used to compile a list of nursing homes in the areas.

Table 2: What Kind of Nursing Care Facilities Have You Experienced So Far?
(Multiple Answers Allowed)

In-home	Visiting	Day care	Short stay	Group home for dementia	Special home for the elderly	Others
40	176	287	263	193	376	195

The survey was sent to 674 care facilities of various types with 11,229 nurses and caregivers in Akita and amassed 934 valid responses (8.32% response rate) from 71 care facilities. The number of respondents for different types of nursing care facilities they have experienced is shown in Table 2.

Based on previous studies in nursing care, we have designed a list of survey questionnaires. The questionnaire is divided into four sections: 1) the work state and qualification, 2) the salary, 3) the human relations, and 4) the rewarding of work.

Descriptive statistics are shown in Table 3. There are more female employees than male in this sample. As for the age structure of care workers, most of the respondents in this study are in their 20s to 50s, while few respondents are in their 10s and over 60s. In national statistics for caregivers (Nursing Care Labor Stability Center 2017), most of them are 30 to 40 years old for care staff (facility), but about 30% of home care workers (visiting care) are 60 years old or older. By gender, the proportion of female caregivers and visiting caregivers is higher, with males under 40 being the minority, while females aged 40 and over make up the majority. The age and gender structures in this study are somewhat similar in proportion to the national statistics.

Fig. 2 shows the percentage of employees by facilities. It shows that the percentage of "full-time employees" in a special home for the elderly care and group homes exceeds 80%, whereas the percentage of a part-timer in visiting care and day services is large.

It is due to that the contents of the service provision of visiting care and day services. The visiting care service requires visits to the user's home on fixed days in a month. Day service's main purpose is maintenance and improvement of physical function, perform function training, and interact with other people so that those who are certified as requiring nursing care can continue living at home. There are more part-timers in these services who receive the more flexible working schedule.

4. Results

4.1. Correlation Analysis

First, a correlation analysis on variables—job satisfaction, willingness to continue working, intrinsic empowerment, and extrinsic empowerment—is performed. Intrinsic empowerment is defined as "self-growth", "appreciation from elderlies" and "own position in challenge for work", (?) and extrinsic empowerment is defined as "relations in the workplace", "cooperative relations with superior and colleague", "relations with elderlies" and "relations with elderlies' families", and "work itself."

Table 3: Descriptive Statistics

Akita Survey	National Statistics (%) as of 2017		
	Facilities Visiting		
Male	229	24.0%	9.5%
Female	680	73.3%	87.8%
Unknown	25		
Total	934		
10s	12	0.7%	0.2%
20s	160	15.0%	4.0%
30s	238	22.9%	10.1%
40s	218	24.1%	19.6%
50s	203	19.9%	25.3%
60s	81	13.5%	29.7%
70s	5	2.5%	8.7%
Unknown	17		
Permanent staff	632		
Temporary staff	9		
Part-time	147		
Fixed-term	58		
Others	131		
Unknown	49		

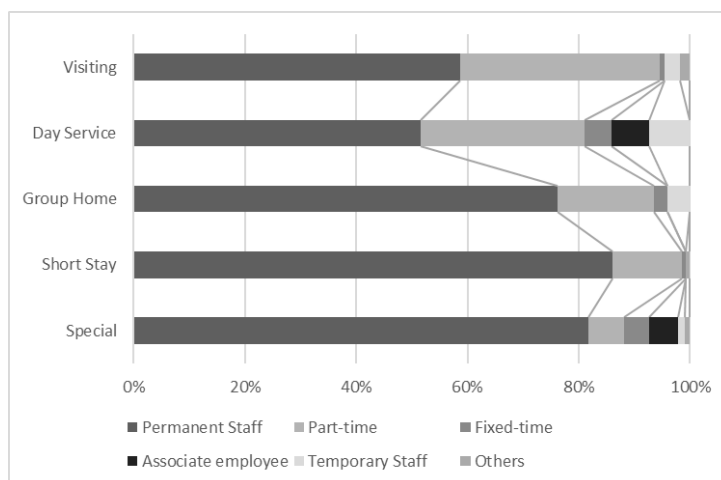


Fig. 2: Percentage of Employees by Facilities

Note that “job satisfaction”, “willingness to continue working”, and variables for extrinsic empowerment are five-point Likert-type scales, and variables for the intrinsic empowerment are dummy variables. After omitting 18 responses that did not answer their attributes, 916 responses (114 visiting, 175 day-service, 136 short stays, 125 group homes, and 366 specialties) are used for the analysis.

Table 4 contains the Pearson correlation coefficient between all pairs of nineteen variables including different types of facilities with the two-tailed significance of these coefficients. Most of the variables correlate fairly well, except those with “Reward: Salary”, and are statistically significant, and none of the correlation coefficients are particularly large; therefore, multicollinearity is not a problem for this data. Since correlation coefficients of “Reward:

Salary” with other variables have a small coefficient and seem insignificant, we omit it from our analysis. According to the latest private salary survey conducted by the National Tax Agency in September 2018 (the latest in fiscal 2017), the annual salary of those who worked throughout the year was 4.32 million yen, which increased by 2.5% (National Tax Agency 2018). The average annual salary in the nursing care industry for employees working for general nursing care companies is said to be around 3.1 million yen, which is lower than the national average. The respondents seem to rate poorly on “Reward: Salary.”

According to the correlation analysis, there are few significant correlation coefficients for intrinsic empowerment and few variables correlate with “job satisfaction,” while extrinsic empowerment has a stronger relationship with “job satisfaction.”

Table 4: Correlation Analysis

	satisfac- -tion	continu- -ation	recom- men- -dation	turn- over	salary	relation ships	coopera- tion	relation elderly	relation family	rewards growth	rewards salary	rewards applic- -ation	rewards status	rewards work	day_ service	group_ home	short_ stay	Special care	visiting care
satisfaction	1	.191**	.426**	-.086**	.526**	.473**	.484**	.513**	.355**	.059	-.038	.125**	-.006	.049	-.076**	.065	-.035	-.019	.088**
willingness to continue	.191**	1	.159**	.260**	.172**	.282**	.317**	.261**	.272**	.040	.041	.099**	-.012	.023	-.130**	.008	-.005	.108**	-.008
recommendation	.426**	.159**	1	-.149**	.387**	.334**	.342**	.375**	.351**	.103**	-.090**	.126**	-.004	.101**	-.030	-.015	.002	-.063	.142**
turnover	-.086**	.260**	-.149**	1	-.087**	-.014	.033	.008	.101**	-.051	.099**	.062	-.020	-.069**	-.150**	-.011	.021	.128**	-.022
salary	.526**	.172**	.387**	-.087**	1	.382**	.425**	.392**	.314**	.059	-.031	.130**	-.046	.061	-.116**	.010	-.065*	.023	.163**
relationships	.473**	.282**	.334**	-.014	.382**	1	.689**	.589**	.426**	.100**	-.051	.154**	.040	.048	-.116**	.093**	.038	-.037	.057
cooperation	.484**	.317**	.342**	.033	.425**	.689**	1	.586**	.413**	.095**	-.086**	.122**	-.029	.090**	-.184**	.078*	.012	.038	.069*
relations user	.513**	.261**	.375**	.008	.392**	.589**	.586**	1	.533**	.110**	-.064	.193**	.018	.082*	-.107**	-.011	-.003	.057	.057
relations family	.355**	.272**	.351**	.101**	.314**	.426**	.413**	.533**	1	.061	-.039	.166**	.001	.110**	-.107**	.016	-.053	.080*	.049
rewards growth	.059	.040	.103**	-.051	.059	.100**	.095**	.110**	.061	1	-.064	-.231**	.028	-.078*	-.009	.030	.016	-.004	-.033
rewards salary	-.038	.041	-.090**	.099**	-.031	-.051	-.086**	-.064	-.039	-.064	1	-.154**	.068*	-.076*	-.031	-.044	-.027	.108**	-.049
rewards application	.125**	.099**	.126**	.062	.130**	.154**	.122**	.193**	.166**	-.231**	-.154**	1	-.038	-.349**	.015	-.023	.031	-.044	.038
rewards status	-.006	-.012	-.004	-.020	-.046	.040	-.029	.018	.001	.028	.068*	-.038	1	-.011	-.016	-.037	-.006	.067*	-.035
rewards work	.049	.023	.101**	-.069*	.061	.048	.090**	.082*	.110**	-.078*	-.076*	-.349**	-.011	1	-.102**	.031	.023	.004	.058
day service	-.076*	-.130**	-.030	-.150**	-.116**	-.116**	-.184**	-.107**	-.107**	-.009	-.031	.015	-.016	-.102**	1	-.193**	-.203**	-.396**	-.183**
group home	.065	.008	-.015	-.011	.010	.093**	.078*	-.011	.016	.030	-.044	-.023	-.037	.031	-.193**	1	-.166**	-.324**	-.150**
short stay	-.035	-.005	.002	-.021	-.065*	.038	.012	-.003	-.053	.016	-.027	.031	-.006	.023	-.203**	-.166**	1	-.341**	-.157**
Special care	-.019	.108**	-.063	.128**	.023	-.037	.038	.057	.080*	-.004	.108**	-.044	.067*	.004	-.396**	-.324**	-.341**	1	-.308**
visiting care	.088**	-.008	.142**	-.022	.163**	.057	.069*	.057	.049	-.033	-.049	.038	-.035	.058	-.183**	-.150**	-.157**	-.308**	1

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

4.2. Multiple Regression Analyses

4.2.1. Job Satisfaction

Multiple regression analysis is used to explain the relationship between the dependent variable, “job satisfaction”, and the independent variables, such as “human relationships in the workplace”, “cooperative relationships between bosses and colleagues”, “human relationships with users (elderlies)”, “human relationships with user (elderlies’) families”, “own growth”, “appreciation received,” “status within the facilities,” and “work itself”. The multiple linear regression equation is as follows:

$$y_i = b_0 + b_1x_1 + b_2x_2 + \dots + b_px_p \quad (1)$$

where y_i is the predicted or expected value of the dependent variable, x_i through x_p are p distinct independent or predictor variables, b_0 is the value of y_i when all of the independent variables (x_i through x_p) are equal to zero, and b_1 through b_p are the estimated regression coefficient.

Multiple regression analyses are performed for each type of facility; "Visiting care," "Daycare," "Short-stay care," "Group home for dementia," "Special home for the elderly care," and female/male. The results are shown in Table 5.

R-squared, a measure of explanatory power, values from 22% to 52%. R-squared is used to interpret when the observations are randomly sampled from a well-defined population. Whether a given R-squared is considered to be large or small depends on the context of the study. A social-scientific study might consider an R square of 0.30 to be large, whereas a physics study might consider an R square of 0.98 to be small. In other words, in some fields, R-square is typically higher, because it is easier to specify complete, well-specified models. But in the social sciences, where it is hard to specify such modes, low R-square values are often expected (Neter, et al 1996).

4.2.1.1. The Overall Result

The result overall (including all respondents in the survey) shows “human relationships in the workplace”, “cooperative relationships with bosses and colleagues”, “human relationships with users (elderlies)”, “human relationships with user (elderlies’) families” are positive and statistically significant, while “own growth,” “status within the facilities” and “work itself” are negative and not significant. "Appreciation received" is positive but weak and not significant. The overall result implies that human relationships-related variables (human relationships in the workplace, with elderly, with elderlies' families, cooperative relationships with bosses and colleagues, *i.e.*, extrinsic empowerment), are highly related to their job satisfaction.

4.2.1.2. Different Types of Care Services

“Human relationships with users (elderlies)” are positive and statistically significant for every type of service. It implies that people who work for the nursing care services gain satisfaction from their relationship with elderlies.

Table 5: Multiple Regression Analyses: Job Satisfaction

a. Dependent Variable: satisfaction

	Overall	Day care	Group Home	Short Stay	Special	Visiting
(Constant)	0.338**	.168	0.926*	.163	.318	.769
relations_work	0.177***	.132	.183	0.418***	0.149**	-.006
cooperative_relations	0.203***	0.283**	0.245**	-.008	0.199***	.128
relations_elderly	0.313***	0.286**	0.350***	0.2310**	0.253***	0.590***
relations_family	0.082*	.043	-.150	0.207*	0.191***	-.038
rewards_growth	-.017	.235	-.183	-.120	.016	.047
rewards_appreciation	.033	.340	-.004	.015	-.149	.250
rewards_status	-.167	2.599**	-	-.071	-.466	-
rewards_work	-.007	.109	.153	-.161	.005	-.226
R	.574 ^a	.718 ^a	.546 ^a	.634 ^a	.478 ^a	.568 ^a
R-Squared	.329	.516	.298	.402	.228	.323
n	916	175	125	136	366	114

a. Predictors: (Constant), rewards_work, cooperative_relations, rewards_growth, relations_family, relations_elderly, rewards_appreciation, relations_work.

*** significant at 0.01, ** significant at 0.05, * significant at 0.10

As for “human relationships in the workplace,” the results from those who work for a short stay and special home for the elderly care are positive and statistically significant. As for “cooperative relationships between bosses and colleagues,” those for daycare service, group home, and special home for the elderly care are positive and significant, while that of short-

stay is negative and not significant, and that of visiting care is positive but not significant. For “human relationships with user (elderlies’) families”, the results from those who work for a special home for elderly care and short stay are positive and significant.

For the "intrinsic empowerment" in which the staff generates power internally, only “status within the facilities” for daycare service is positive and significant.

4.2.2. Willingness to Continue Working

Next, a multiple regression analysis is used to explain the relationship between the dependent variable, “willingness to continue working” and the independent variables; “human relationships in the workplace”, “cooperative relationships between bosses and colleagues”, “human relationships with users (elderlies)”, “human relationships with user (elderlies’) families”, “own growth,” “appreciation received,” “status within the facilities,” and “work itself.” Multiple regression analyses are performed for each type of facility; "Visiting care," "Daycare," "Short-stay care," "Group home for dementia," "Special home for the elderly care," and female/male. The results are shown in Table 5.

4.2.2.1. The Overall Result

The result overall (including all respondents in the survey) shows “cooperative relationships with bosses and colleagues” and “human relationships with user (elderlies’) families” are positive and statistically significant. The overall result implies that “cooperative relationships with bosses and colleagues” and “human relationships with user (elderlies’) families”, (*i.e.*, extrinsic empowerment), are highly related to their willingness to continue working.

4.2.2.2. Different Types of Care Services

The relationship between willingness to continue working and "cooperative relationships with bosses and colleagues" are positive and statistically significant for those who work for daycare services, group homes, and short stays. “Human relationships with user (elderlies’) families” and willingness to continue working are positive and statistically significant for daycare service. "Appreciation received," considered as the "intrinsic empowerment", has a positive and significant relationship with willingness to continue working for daycare service. For visiting care (in-house support care) service, the relationship between “work itself” and willingness to continue working is negative and statistically significant. There are no significant factors are found for respondents working at “Special home for the elderly care.”

Table 5: Multiple Regression Analyses: Willingness to Continue Working

a. Dependent Variable: willingness to continue working

	Overall	Day care	Group Home	Short Stay	Special	Visiting
(Constant)	2.938***	0.952***	4.784***	3.275***	4.343***	5.379***
relations_work	.085	0.247*	-.062	-.053	.041	.064
cooperative_relations	0.215***	0.387***	0.296**	0.452***	.011	-.245
relations_elderly	.028	-.219	-.112	-.169	.062	0.318**
relations_family	0.199***	0.498***	-.158	.139	.119	-.128
rewards_growth	.043	.148	.254	-.056	-.168	-.076
rewards_appreciation	.115	1.053***	-.262	.131	-.059	-.536
rewards_status	-.137	-.690	_	-.433	-.220	_
rewards_work	-.002	.418	.099	.297	-.168	-0.747**
R	.360 ^a	.776 ^a	.360 ^a	.362 ^a	.151 ^a	.300 ^a
R-Squared	.129	.602	.129	.131	.023	.090
n	916	175	125	136	366	114

a. Predictors: (Constant), rewards_work, cooperative_relations, rewards_growth, relations_family, relations_elderly, rewards_appreciation, relations_work.

*** significant at 0.01, ** significant at 0.05, * significant at 0.10

The Followings are the results of the hypotheses.

H1: There are weak mix results between factors in intrinsic empowerment and job satisfaction, but “status within the facilities” for daycare service is positive and significant.

H2: There are positive and significant relationships between factors in extrinsic empowerment and job satisfaction.

H3: There are weak mix results between factors in intrinsic empowerment and employee’s willingness to continue working, but “appreciation received” for daycare service is positive and significant.

H4: There are mixed results between factors in extrinsic empowerment and employee's willingness to continue working. “Cooperative relationships with bosses and colleagues” and “human relationships with user (elderlies’) families” are positive and statistically significant except “special home for the elderly care” which is positive but not significant. “Human relationships with user (elderlies’) families” are only positive and significant for those who work in visiting care services.

Conclusion

Comparing the results of different types of nursing care facilities shows that factors that affect "job satisfaction" and “willingness to continue working” are different as each type of facility provides its own work style and work content. For the overall respondents, factors in the extrinsic empowerment effect on both job satisfaction and willingness to continue working are positive and significant. Notably, every factor in the extrinsic empowerment is affecting job satisfaction, and “cooperative relationships between bosses and colleagues” and “human relationships with user (elderlies’) family” affect the willingness to continue working.

As far as respondents working for day service are concerned, “appreciation received”, one of the intrinsic empowerments, is also affecting both job satisfaction and willingness to continue working.

A daycare service for elderlies is a planned program of activities in a professional care setting designed for elderlies who require supervised care during the day. Adult daycare centers enable seniors to socialize and enjoy planned activities in a group setting, while still receiving needed health services. At the same time, they offer family caregivers respite from caregiving duties while knowing that their elderly family is in a safe place. Those who are classified into nursing care levels 1 through 5 are eligible to receive that service. According to the survey conducted by the Ministry of Health, Labor and Welfare (2018), the proportion of the recipients of daycare service for the April 2018 examination by nursing care status category, the total of "need for nursing care level 1" to "need for nursing care level 3" accounts for more than 80% of the total. Thus, those elderlies, especially those who require lower levels of nursing care, can communicate with other people, nurses, and caregivers, and be able to show their appreciation. Expressing gratitude “builds a bridge to other people and invites them to cross it” (Felps 2017), which might lead to further job satisfaction of employees and willingness to continue working. Since “cooperative relationships between bosses and colleagues” affect both job satisfaction and willingness to continue working, it is necessary to work closely with staff to enhance job satisfaction and reduce turnover.

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