



Challenges in Work-Family Balance and Support Needs of Japanese Parents with Nursery School-Aged Children

下田, 優子

(Degree)

博士 (保健学)

(Date of Degree)

2024-03-05

(Date of Publication)

2025-03-01

(Resource Type)

doctoral thesis

(Report Number)

乙第3439号

(URL)

<https://hdl.handle.net/20.500.14094/0100490195>

※ 当コンテンツは神戸大学の学術成果です。無断複製・不正使用等を禁じます。著作権法で認められている範囲内で、適切にご利用ください。



博 士 論 文

Challenges in Work–Family Balance and Support Needs of Japanese Parents with Nursery School-Aged Children

(保育園児を持つ日本人親のワーク・ファミリー・バランスにおける
課題と支援ニーズ)

令和5年10月3日

神戸大学大学院保健学研究科保健学専攻

Yuko Shimoda 下田 優子

Challenges in Work–Family Balance and Support Needs of Japanese Parents with Nursery School-Aged Children

Yuko Shimoda¹/Miyuki Ishii²/Yuichi Hori³

¹Department of Faculty of Nursing, Kyoto Tachibana University, Kyoto, Japan

²College of Nursing Art and Science, University of Hyogo, Akashi, Japan

³Graduate School of Health Sciences, Kobe University, Kobe, Japan

Abstract

We aimed to identify the challenges parents face raising preschool-aged children when trying to maintain a good work–family balance. We also highlight how public health nurses can support the community in this regard. Seven Japanese parents volunteered to participate, and individual in-depth interviews were conducted from May to October 2021. We analyzed the recorded interview data using qualitative descriptive methods. Three main themes concerning work–family balance challenges were extracted: 1) conflicts between parents' childcare and work roles, 2) issues related to institutions and social systems, and 3) a lack of informal support. Factors contributing to the difficulties were a lack of time to spend with their children; an imbalance in the division of housework and childcare roles between married couples; the employment environment in Japan that makes it difficult to pursue a career while raising children; a lack of childcare services, including childcare for sick children; inadequate consultation systems; and an aging grandparents' generation owing to late marriages. To solve this problem, we suggest that in addition to establishing a reliable system for providing childcare, local public health nurses should work with childcare workers to create an environment in which parents feel comfortable discussing work–family balance, considering the time constraints of parents during the childrearing period, and use nursery schools as a place for parent–child support.

Keywords

Childrearing, Parent, Public Health Nurse, Work–Family Balance

1. Introduction

Work–family balance (WFB) issues are closely related to various social phenomena, including declining birth rates, overwork deaths, suicides, inequality between men and women, educational issues, and familial problems [1,2]. In Japan, until recently, an M-shaped employment curve was observed, in which women entered the workforce before childbirth and returned to work after raising their children [3]. As a result, policies were implemented to enhance childcare and improve the working environment, and the employment rate of women aged 15 to 64 reached a record high of approximately 72.4% in 2022 [4]. It is now common for women to balance work and childrearing. Further, the need for men to participate in housework and childcare while also working led to the formulation of the Work–Life Balance Charter in 2007. While the importance of balancing work and family life is increasing for both men and women, the true percentage of men who take childcare leave remains low, highlighting the difficulty in balancing work and childcare for women who leave the workforce [5]. The reason for the low rate of men taking childcare leave is that it is particularly difficult for men to gain the understanding of their workplaces to take childcare leave [6]. The challenge is that women tend to bear more of the burden of housework and childcare because husbands have less time to be involved in housework and childcare [7].

Factors that make it difficult for parents to balance work and family include the fact that infancy is when difficulties in childrearing tend to manifest [8,9]. It is also true that childcare is expensive, and many couples, especially educated couples, are at the early stages of their careers and earning less money at a time when they need to be paying for childcare compared to someone who is mid-career and has older children. In the case of child abuse, the most common perpetrator is the biological mother, and a survey shows that the probability of inflicting physical violence is higher among “return-to-work” mothers who have re-entered the workforce after parental leave [7]. This is thought to be owing to the change in lifestyle rhythms associated with re-employment, psychological strain and fatigue, and stress associated with the readjustment of WFB, which increases the risk of child maltreatment. Low-income working single mothers, in particular, are at a high risk for child abuse because they often lack both financial and time resources to spend quality time raising their children [10].

Public health nurses (PHNs) are engaged in supporting childrearing by conducting health checkups and home visits and by holding community salons (where parents and children gather socially) in cooperation with childcare workers. As parents’ WFB affects their well-being and influences their children’s emotional and behavioral problems [11], we believe that PHNs’ intervention in WFB is important. Prior studies have examined the factors affecting WFB in the workplace and remedial measures [12,13]. When returning to work after a leave of absence owing to childbirth, common problems with returning to work included “unfamiliarity with work after returning to work,” “difficulty in work–life balance,” and “not being able to work overtime” [12]. However, for women returning to work, workplace understanding and positive motherhood/childrearing experiences fostered a smooth return to work [12]. In addition, Mohanty and Jena [13] discussed the work–life balance challenges of Indian employees, who seek high levels of job security, career opportunities, personal development, and reward incentives in their work environment; however, in the case of urban

couples, even if they work together, the ratio of husbands' support for household chores is not necessarily high, and neither are egalitarian relationships or psychological support. Therefore, they state that funded childcare; the provision of daycare at the workplace; and the provision of programs outside of the workplace, such as healthcare and counseling centers, are more effective. In the community health field, one study examined PHNs' view of the effectiveness of motherhood classes for working pregnant women [14]. Examining PHNs' viewpoint regarding parental WFB is vital to promote childrearing that fits the contemporary social environment of parents and children living in the community, regardless of parents' specific occupation.

In the field of maternal and child health, various efforts have been made to ensure that the next generation of children grows up healthy and that motherhood and fatherhood are properly nurtured [15]. However, perspectives on WFB of parents with nursery school children need to be clarified. While many WFB problems are associated with the employment of these parents, and research on WFB and employment has been conducted in the field of community health, studies on parental support from the perspective of WFB by PHNs are limited. Therefore, we aimed to clarify the challenges Japanese parents face in WFB during the transition time and to provide suggestions on how PHNs can support them.

2. Methods

2.1. Operational Definition of WFB

Watai [16] describes WFB as a balance between unpaid work for the family, such as housework and childcare, and "work," which is remunerative work. Grzywacz and Butler [17] define WFB as a work and family life that is well integrated and a situation in which the individual is actively engaged in both domains. Therefore, in this study, we define WFB: "the balance between work and family roles such as housework and childcare."

2.2. Design

To interpret the challenges faced by Japanese parents raising nursery-aged children and the need for the support provided by PHNs, a qualitative descriptive approach [18] underpinned by naturalistic inquiry [19] was adopted.

2.3. Participants and Data Collection

After obtaining ethical approval, information about the study was forwarded to the director of the nursery school, who agreed to cooperate in identifying potential participants. The inclusion criteria were fathers or mothers currently taking care of nursery school-aged children, one child attending nursery school, and both parents working. When the director selected participants, he promised that they would not be disadvantaged if they did not agree to participate in the research in accordance with the Ethical Guidelines for Medical and Health Research Involving Human Subjects; thus, they were not coerced to participate. In addition, selection was made to avoid bias concerning participants' attributes such as parents' age and occupation and children's age.

With the permission of five potential participants, the nursery school director provided their names to the principal researcher, who explained the study to each before obtaining written informed consent. The other two potential participants were selected by snowball sampling, met the inclusion criteria, and provided consent to participate. All seven participants lived in a suburban city with commuting access to a large metropolitan area. Rather than pursuing universal findings by increasing the sample size, we analyzed the data from seven participants to find deeper meanings from specific individuals [20].

All participants were asked to complete a fact sheet regarding the following attributes: (1) age, (2) gender, (3) age of their child(ren), (4) child's gender, (5) number of preschool-aged children, (6) family structure, (7) parental occupation, (8) parental work status, (9) acquisition of maternity or childcare leave, and (10) cohabitation with their parents.

In-depth interviews served as the primary data collection method. All interviews were conducted individually and maintained participant privacy. Each interview lasted approximately 30–60 minutes. Seven interviews were conducted. No new theme emerged at the end of the analysis of data from the last interview, and data saturation was achieved. Based on a semi-structured interview guide, the following questions were asked: “Would you tell me in as much detail as possible the challenges you faced when you tried to adjust to better WFB while rearing your nursery school-aged children?” “What had the greatest impression on you?” “Have you ever experienced difficulties with WFB?” “If so, what did you find difficult?” Parents were then asked to address each question by describing the challenges they experienced, how they received support, how they managed their challenges, and what kind of support they received from PHNs. Probing questions such as “Can you provide me with more information about that?” and “How did this make you feel?” were asked to extract the maximum amount of detail from parents.

2.4. Data Analysis

The interview contents were transcribed verbatim and used as textual data. Subsequently, a thematic analysis was conducted [21,22]. To allow the principal researcher to become familiar with all the texts describing the experience of each parent, the audiotapes were listened to, and the transcribed text was read and reread. As the meaning units were condensed, they were labeled with codes. The differences and similarities between codes were compared. The codes were sorted into subthemes based on similarities. Interactive analysis was performed between texts, codes, and subthemes. Interpretations of the underlying meanings identified in the subthemes were formulated into various themes. We also repeatedly returned to verbatim transcripts to examine the validity of the themes.

2.5. Ethical Considerations

This study was approved by the Research Ethics Committee of Kyoto Tachibana University (no. 20-01; approval date: May 15, 2020).

3. Results

3.1. Demographic Characteristics

The median ages of the parents and children were 32 (range = 24–37 years) and 2.8 (range = nine months to five years) years, respectively. There were six mothers and one father. The number of children per parent ranged from one to three. The occupations in which the female participants were engaged were as follows: public servant, university teacher, beauty artist, delivery personnel, and childcare worker, reflecting the occupations with the highest number of female employees in Japan [23]. **Table 1** presents participants' characteristics.

Table 1. Participant attributes.

Case	Age (years)	Gender	Occupation	Childcare leave	Child(ren)'s age	Sibling(s)	Special remarks
A	36	Woman	Beauty artist	Returned to work	9 months		
B	24	Woman	Childcare worker	Returned to work	5 years	7-year-old girl 8-year-old	Single
C	28	Woman	Public servant	Returned to work	3 years		7 months pregnant
D	37	Woman	Teacher	Returned to work	5 years		
E	30	Man	Teacher	Not acquired	1 years		Living with wife's parents
F	32	Woman	Delivery personnel	Not acquired	1 years , 2 years and 8 months		
G	32	Woman	Public servant	Not acquired	5 years		Husband's stepdaughter and adoption

3.2. Parents' Challenges with WFB

The analysis identified three themes, six subthemes, and 146 codes for parents' challenges with WFB (**Table 2**). **Table 3** also summarizes the challenges in WFB, support needs, and suggested support in each period from early pregnancy through the return to work. Three main themes of WFB challenges were extracted: 1) conflicts between parents' childcare and work roles, 2) issues related to institutions and social systems, and 3) a lack of informal support.

Table 2. Themes and subthemes.

Theme	Subthemes
Challenges arising from conflicts between parents' childcare and work roles	Conflicts in Parenting A sense of responsibility and difficulty in adjusting to the job Impact on one's own physical and mental health and well-being
Challenges arising from institutional and social system issues	Activities for entering preschool not going smoothly Few opportunities for consultation and resistance to consultation in childcare and work
Challenges caused by lack of informal support	Resistance to childrearing support by relatives

Table 3. WFB challenges and support needs over time.

Period	Difficulties and challenges in WFB	Support and information needs
Prenatal leave	• Lack of information • Frustration • Discouragement and resignation toward preschool admission systems	• Timing of nursery school enrollment activities from before conception • Flexible activities for nursery admission
Before and after childbirth	• Confusion about physical changes associated with childbirth	• Checkup consultation system improvement • Consultation method choice • Peer support enhancement
Postpartum leave and childcare leave	• Impatience when not admitted to preschool • Giving up on continuing to work • Fear of professional incapacity, impatience • Differences in views and methods of childrearing • Confusion after a consultation	• Consultation on caregiving/childcare environment • Child growth guidelines • How to respond when a child is ill • Finding employment and returning to work
Return to work	• Disruption of the child's life • Work-related nervousness and anxiety • Difficulty adjusting to work before and after parental leave and impatience while acclimating to childcare • Few/difficult-to-schedule consultations • Increased irritability toward the child and change in nurturing attitude • Resignation or reticence to receive parental support	• WFB mentioned by PHN support • Involvement as an individual with a job
Post return to work	• Lack of time and mental capacity for both parenting and work • Decreased hours of sleep and rest • Disgust at inability to support a spouse • Feelings of inadequacy and pain owing to not having enough time to spend with their children • Frustration and heartache of not being able to take care of children • Regret/remorse for forcing the child to go to daycare when sick • Resistance/hesitation regarding getting involved with a counseling agency • Hesitation to disrupt grandparents' lives	• Daily childcare counseling at daycare centers • Municipal information provided via nursery schools • Consultation services related to child development by the PHN

Note: PHN = public health nurse; WFB = work–family balance

3.3. Challenges Arising from Conflicts Between Parents' Childcare and Work Roles

First, it was clear that parents experienced conflicts in parenting during the childrearing period. When making adjustments for WFB, they were perplexed by the increase in risky behavior as their child aged, which they found difficult to manage. Even though it was difficult to find time, they expressed a desire for information on child growth guidelines and other developmental issues, as well as a desire to devise an appropriate consultation method.

In addition, parents felt a sense of inadequacy and pain at not being able to fully engage with their children because of their limited time at home. In particular, they felt frustrated that they had to leave their reluctant children with grandparents, that they could not answer phone calls from the school when they were at work, and that they could not accompany their children to and from nursery school. This was more than a time constraint; it was also a manifestation of their sense of inadequacy in raising their children, as they felt that they could not focus on them as much as was required. Some felt conflicted about leaving their children in nursery school and frustrated that they could not take their children to medical care by themselves. When they had more than one child, they found it difficult to be equally involved with all children. The participating father felt conflicted about not being able to be the main childcare provider because of work.

I cannot afford to be myself, and I cannot give all three of them my full attention and affection. So, I always wished I had three of me. (Parent B)

I can only witness my children's growth by looking at the photos and videos my wife sends me. I feel shame about what I am doing to myself for not being able to witness these moments. (Parent E)

During the period between childcare leave and return to work, the children's daily rhythm and sleep patterns were disrupted, which was a difficult time for the parents. Before the children arrived at nursery school, they sometimes cried, "I don't want to go to nursery school." In some cases, children's emotions were disturbed because of a decrease in parent-child contact time. Another difficulty was that the children were more prone to illness in group settings than anticipated. When their children were sick, parents were unable to ask for support from grandparents or others around them. Even when there were difficulties in using sick childcare, they found it difficult to take time off from work for fear of inconveniencing their employers. They also expressed regret and remorse over forcing their children to attend nursery school, which caused their health to deteriorate. Parents with little experience in childrearing found it difficult to respond appropriately to their children's illnesses, and they were concerned about adjusting their work and ensuring that their children's rhythms at nursery school were not disrupted.

I had a more difficult time when I sent him to nursery school because I thought he would be fine, but he called me at work, and I had to pick him up quickly. I wished that I had asked my parents-in-law to watch him. (Parent A)

Second, they felt a sense of responsibility and had difficulty adjusting to their jobs. When they were on parental leave, they had to consider the timing of the handover to colleagues following physical changes and the clients' convenience. They struggled to determine when to return to work from parental leave. During the acclimation process, before returning to work, parents could not determine how long it would take their child to become accustomed to nursery school, and when things did not go as planned, they sometimes became impatient and panicked. The difficulty in managing schedules during the early years of returning to work led, at times, to temporarily consider giving up on working. Self-employed and technical workers feared that their technical skills would deteriorate, and customers would seek other options while they were off work. One parent felt a sense of professional impatience contrary to the advice of those around her.

I am a technician; the longer I wait, the worse my skills get. Therefore, I have a sense of urgency to return to work, which other people do not have. I am afraid of losing customers by taking time off. I am afraid that customers will visit other beauty salons. I am afraid of taking parental leave. Mothers with experience said, "Don't rush; take your time." (Parent A)

Parents felt responsible for inconveniencing their workplaces and customers with sudden calls because of their children's illnesses. One also felt overwhelmed because childrearing took up her energy and time. When working from home, she could not concentrate on her work because she could not take her eyes off her child.

However, in reality, I have to spend time with my child. In the meantime, my husband will take over for me tomorrow, so I have to do this and that first thing in the morning. My head is occupied with work, and my mind is occupied with what I must do at home...I had many things on my mind. (Parent G)

Third, they felt that it had an impact on their physical and mental health and well-being. The mothers experienced difficulties after giving birth and were concerned about whether they could return to work. One mother was unprepared for the bodily changes and felt confused.

After giving birth, I could no longer feel how it felt to urinate or make bowel movements (due to the loosening of the pelvic floor muscles). After consulting a physical therapist, I felt better but worried about whether I would be able to return to work. (Parent A)

This was especially difficult when the child did not want to attend nursery school and cried, and parents felt that they did not have the mental capacity to cope. Parents inevitably became frustrated with their increasingly assertive children and regretted having to confront them in emotionally hard ways. In addition, because her husband left home early for work, one mother handled the children's drop-off at nursery school. When she had to take her children to multiple nursery schools, this became a burden. Single parents were burdened with raising

children and working alone and had mixed feelings about not being able to take time off. The parents even felt stressed about living a life they could not afford.

When I am in a rush, I get frustrated and end up becoming emotional with my children.
(Parent F)

As spending time with their children during the day was prioritized, work assignments had to be completed at night, reducing parents' sleep time. It became clear that the participating father cared for his tired wife, causing him to push himself too hard.

I get up at around 7:00 a.m., but there are times when I have to stay up until 4:00 a.m. to do assignments or work. (Parent E)

3.4. Challenges Arising from Institutional and Social System Issues

The first challenge was that activities for entering preschool were not going smoothly. Parents felt frustrated because they did not know the differences in childcare, services, and the timing of activities when enrolling their children in nursery schools; therefore, they went to government agencies to seek information. Nevertheless, they felt frustrated by the lack of specific and proactive information on nursery schools provided by PHNs, and the bias and lack of specificity of the information provided by the city office. Another issue was that activities to enroll children in nursery schools were not available until after their children were born, and there was no system in place for parents to enroll their children in nursery schools. They also felt disappointed that nursery school visits were restricted because of coronavirus disease 2019 (COVID-19). Further, when they began their nursery school activities, they felt frustrated that they could not easily find a nursery school where they could leave their children.

In the end, I went twice, but I was told that I could only submit my request after the baby was born, but in reality, it is impossible to do so after the baby is born. (Parent A)

I felt frustrated because I could not find a nursery school where I could take my child. This is a bottleneck. (Parent A)

Second, further challenges included few opportunities for consultation and resistance to consultation in childcare and work. Parents felt conflicted because they did not know where to go for consultations regarding childcare and WFB, and the shift from part-time to full-time work reduced consultation opportunities. They also felt anxious about the lack of consultation time and the fact that health checkups would not be held because of COVID-19 restrictions. Parents also requested that PHNs, who are responsible for providing physical and mental support to parents while raising their children, be asked about parents' work. And parents felt comfortable discussing childcare issues such as weaning, toilet training, and developmental problems with the childcare professionals who are responsible for their children's daily care. Parents felt comfortable interacting with childcare workers who were familiar with their

children's daily routines.

Until then, I had been working four days a week, either in the morning or afternoon, so I could go to the hospital in the evening or morning for consultations, so I was not that conflicted. However, now, I am full-time, so I am a little conflicted. (Parent B)

Owing to their aversion to consultation, resistance to interacting with others, and decreased opportunities for contact with the outside world after childbirth, parents experienced hurdles in participating in meetings and hesitated before seeking consultations. They were confused about whether they could talk to a PHN about their lives and work. They also found it difficult to establish relationships with supporters. They felt that the number of organizations involved would increase as a result of the consultation, that they would have to repeat the same conversation, and that information would not be shared among the organizations involved. They were confused and frustrated by the lack of information and feedback on WFB.

I did not feel that they had made many proposals for me. I think they are trying to be considerate and not rush me. (Parent A)

I have to talk about the same thing repeatedly to each of them, and I have to build relationships with them. (Parent D)

In some cases, they had difficulty balancing work, which they had only revealed to their parents. Parents of children with developmental challenges and single parents felt that they could not have discussions with their friends with children who had happy family lives.

I can no longer talk to my friends who are moms. Everyone is so happy and doing well that I cannot talk about them. (Parent B)

3.5. Challenges Caused by Lack of Informal Support

There was resistance to receiving childrearing support from relatives. When receiving childcare support from grandparents, one mother expressed gratitude. However, concurrently, she felt confused by the differences between the old and new ideas and methods of childcare. She felt resigned to the fact that she could not obtain help from her relatives or ask them to take care of her child. This is because her parents' home was far away, and her grandparents were busy taking care of her other siblings' children and working. Parents were resistant to the restrictions and impacts of childcare assistance on grandparents' lives.

Sometimes, I am grateful for the help I get from my parents, but there are many times when I feel lost because of the differences in the way we do things. (Parent A)

My parents are far from me. My parents cannot rely on me, so it's just the two of us. (Parent C)

If I asked them to take care of my children, they would, but my husband's sister was in Kobe and has three children, so I would have to care for them. My father is retired, but my mother is still working. (Parent D)

4. Discussion

We aimed to identify the challenges parents face raising preschool-aged children when trying to maintain a good WFB. We analyzed the recorded interview data using qualitative descriptive methods and identified three main themes related to the challenges of balancing work and family: 1) conflicts between parents' childcare and work roles, 2) issues related to institutions and social systems, and 3) a lack of informal support. The following sections discuss each of these in turn. Note that the study period was during the COVID-19 pandemic, which partially affected the results, but WFB difficulties varied through the period from pregnancy to returning to work.

4.1. Conflicts Between Parents' Childcare and Work Roles

4.1.1. Conflicts in Childcare Roles

Owing to their work, parents felt inadequate in their parental roles and experienced pain because of the limited time they had to spend with their children and their inability to fully engage with them. This was reflected in the frustration of not being able to take their children in personally, even though they wanted to participate in the challenges of childrearing. During the period between childcare leave and returning to work, the parents felt a disruption in the rhythm of their children's lives and a change in the parents' states of mind, such as feeling frustrated when they interacted with their children. We believe that the situation in which parents had to coordinate their work while acclimating to parental roles during their children's rapid growth and development made them more likely to experience childcare conflicts.

Difficulty leaving when children were sick was also an issue. Ishino et al. [24] found that parents struggled to take time off work when their children were sick. In addition, they regretted the deterioration of their children's physical conditions caused by forcing them to attend nursery school when sick. Further, parents of nursery school children had support needs for their children's growth and development, even if they were busy with work. This revealed that while feeling conflicted about balancing work and childcare, they valued the "process of becoming parents" and desired an environment in which they could continue to work.

4.1.2. Conflicts in Work Roles

The timing of parents' return to work coincided with their children's entry into nursery school, and parents felt anxious and impatient because the schedule changes caused by their children's unexpected health issues would increase the chances of inconveniencing clients and colleagues. For technical and self-employed workers, prolonged absence from work owing to childbirth or childcare directly led to a loss of customers and a decline in professional

performance. Their narratives reflected their desire to minimize the impact of childcare on their work.

A 2015 survey [25] revealed that the situation was not as expected in terms of how parents were treated after returning to work and seeking to continue their professional careers. In the Japanese employment environment, where terms such as “glass ceiling” or “mommy track” are frequently used, women’s career development remains a challenge [26]. Parents feel threatened by the interruption of their professional careers while simultaneously being pressed to secure a place to leave their children. Even after their children successfully enter nursery school, parents have to cope with the increased chances of their children falling ill owing to being in a group setting as well as with the disrupted rhythm of life that has continued since childcare leave. Therefore, parents must receive complex childcare support during this period.

4.1.3. Issues Related to Changes in Parents’ Mental and Physical Conditions

After returning to work, parents experienced time constraints and limited mental capacity owing to the need to balance work and family life, and they became frustrated by having to deal with children who did not want to go to nursery school. Nohara [27] revealed that couples raising nursery school-aged children experienced a physical burden. Yamauchi et al. [28,29] stated that mothers place more importance on all parental role behaviors and practice them more frequently than do fathers and that mothers in dual-earner households spend more time on their domestic roles than do fathers, thus placing a greater mental and physical burden on mothers.

We also observed that many challenges in WFB were concentrated on mothers because of an imbalance in the division of household chores and childcare roles among couples. As is often referred to as “one-operator childrearing,” the participation rate of fathers in childrearing in Japan is extremely low compared to other countries [30]. However, the father’s statements indicated that he was aware that the burden of housework and childcare fell on his wife. He was also aware that the traditional Japanese gender role-related division of labor among married couples is changing.

Parents prioritized spending time with their children during the day, which caused disruptions in their life rhythms. Working and dealing with work-related issues at night reduced sleep and rest time and led to increased irritability toward their children. The Japanese work environment, which makes it difficult for workers to fully participate in childrearing while working, regardless of gender, is linked to WFB challenges.

Considering these findings, PHNs must provide parents with some perspective on their children’s development to help both parents and children adjust to the changes in their lives after parents return to work as a measure of support for parental role conflicts. It is necessary to discuss specific ways to cope with illness after returning to work with the parents in advance. Additionally, to reduce the burden ratio of housework and childcare between husbands and wives, PHNs should intervene and make specific suggestions on how to share housework and childcare between spouses.

4.2. Institutional and Social System Issues

4.2.1. Challenges in the Childcare Support System

Parents were already experiencing challenges with nursery school enrollment activities during pregnancy (before they returned to work). This was owing to the lack of early, proactive, and sufficient information about enrolling in nursery school activities; the fact that parents had to search for a nursery school provider and go through procedures within a certain fixed period regardless of their physical condition; and the nursery school supply system that did not allow everyone to enter the desired nursery school facility at their desired time. At approved childcare facilities, where there are many applicants, the local government determines the level of childcare needs for each family and determines the priority for admission; therefore, it is not always possible for children to attend the nursery school of their parents' choice at the desired time. In the case of unapproved nursery school facilities, which parents are free to choose, it is essential for parents to carefully visit and investigate in advance, as fees, policies, content, and services vary across facilities. Consequently, it is difficult to respond to the sudden need for childcare, such as becoming a single parent [31]. Places that offer 24-hour childcare (postpartum care services) are limited, making it even more difficult to ensure the availability of childcare in the event of unforeseen circumstances or to ensure childcare and medical care for children with special needs.

Further, in 2021, when the survey was conducted, there were instances of children being left without a place to stay owing to sudden closures caused by COVID-19. Therefore, measures to support the challenges of the nursery school system suggest the need to enhance flexible enrollment activities according to parents' wishes and physical conditions, such as providing information on nursery schools and making nursery school tours possible even before pregnancy, along with the development of a system to ensure there are an adequate number of nursery schools. Additionally, there is a need to provide childcare information broadly, not limited to current needs, to accommodate changes in living conditions after the birth of a child.

4.2.2. Issues in the Consultation Environment

From the time after childbirth to the time they returned to work, parents did not feel comfortable going to the government or support centers for consultation. This was because of limited opening hours at government offices, the hassle of seeking consultation, and a sense of confusion about whether a PHN was the right person to consult regarding their WFB. Koike et al. [32] found that parents were more likely to seek consultation on matters directly related to their children, such as growth and development, than on matters indirectly related to childrearing, such as "daily household chores" and "their own and their partner's mental and physical conditions." This could have made it difficult for parents to seek consultation related to WFB.

This difficulty could be the result of the local government's inability to follow up on employment as part of the childcare support provisions, especially in the maternal and child healthcare services; the issue could also stem from differences between local governments as to which departments have jurisdiction over employment and childcare. Contrastingly, parents felt comfortable consulting with childcare workers at nursery schools, who attended

to their children's weaning, toilet training, development, and other issues; the parents were comfortable having daily discussions with childcare workers about childcare issues.

While unsure whether the PHN was the right person to consult, parents requested that the PHN ask them about their WFB. Parents expect to be treated as individuals with jobs. This was a new finding in this study. Azami [33] found that parenting stress can be reduced when mothers evaluate being positively supported with regard to parenting difficulties and a sense of burden. Satisfactory opportunities for support should be provided for parents. Specifically, rather than having separate consultations for employment and childrearing, parents should be able to consult someone about issues of work and WFB as part of their childrearing consultations. PHNs should collaborate with childcare workers who know the children well and work together to support them.

4.3. Lack of Informal Support

Parents were grateful for the support they received from grandparents in raising their children; however, concurrently, they felt frustrated by outdated childrearing methods. It was also clear that because of the grandparents' employment and caring for other grandchildren, parents were reluctant to pursue this support avenue. The increasing lack of support from relatives in Japan also contributes to WFB challenges. In Japan, the employment rate among grandparents has been increasing [34]. In addition, according to Nakano [35] and others, approximately 30% of grandparents feel encumbered caring for their grandchildren. In the future, the grandparents' generation is expected to age owing to the effects of later marriages and childrearing, which will increase the burden on the grandparents' generation, and the parents could face the challenge of caring for both their elderly parents and their young children [36].

To address the lack of childcare support from relatives, it is necessary to enhance childcare opportunities for nonrelatives. Kahsu et al. [37] indicated that support from relatives in Ethiopia was effective in helping raise children. The same is true in Japan; however, Ishino et al. [24] noted that half of the parents in their study were in nuclear families and did not receive childcare assistance from their parents (children's grandparents). The results also suggest the need to ensure opportunities for peer support by providing opportunities for parents to interact with each other, including online, and to ensure that parents have the opportunity to share their concerns.

5. Conclusion

Although there were some descriptions of "time-bound" situations, such as the ratio of housework and childcare burdens between husband and wife, it was revealed that the WFB challenges were more intrinsic, stemming from parents' inability to successfully "raise their children with care" and "accomplish their work carefully." Among the impediments to this were the challenges of Japan's childcare system and the lack of concrete support to promote WFB. Challenges in WFB begin in the early stages of family formation, such as during pregnancy, and returning to work poses a unique challenge. Parents encountered difficulties in nursery school enrollment activities. After the birth of their child, they were anxious about

changes in their health. They felt an impact on others at work and experienced difficulties in career development. Further, raising their children led to difficulties in forming parental roles and time conflicts. As difficulties in WFB change over time, it is important to understand what kind of life situation parents are currently in and what kind of problems they face during childrearing. Objectively analyzing what kinds of life situations and problems parents are currently facing and how to support them in cooperation with childcare institutions is necessary.

5.1 Limitations and Future Directions

The participants were seven parents (one father) from a subset of the community, which limits the generalizability of the findings. However, this study describes in detail the current situation of the difficulties faced by parents of children attending nursery school and clarifies the nature of support provided by PHNs. It is necessary to increase the number of participants surveyed and further examine the support provided by PHNs, considering differences in occupation and region of residence.

Acknowledgments

We thank all the participants. This work was supported by JSPS KAKENHI Grant Number JP20K11088.

References

- [1] Tomida, M., Nishita, Y., Tange, C., Otsuka, R., Ando, F. and Shimokata, H. (2019) Development of a Scale Assessing the Work-Family Balance of Middle-Aged and Elderly People. *The Japanese Journal of Psychology*, 89, 6, 591-601.
<https://dx.doi.org/10.4992/jjpsy.89.17223>
- [2] Suemori, K., Kodaira, H. and Suzuki, K. (2017) Determinants of Work-Family Conflicts Among Single Parents: Relationship with Poverty. *Journal of Social Welfare, Nihon Fukushi University*, 137, 39-52.
- [3] Ministry of Health, Labour and Welfare. (2016) Facts About Working Women, 2016 Edition. <https://www.mhlw.go.jp/bunya/koyoukintou/josei-titusjo/16.html>
- [4] Statistics Bureau of Japan. (2023) Labor Force Survey (Basic Tabulation) 2022 Summary of Average Results. <https://www.stat.go.jp/roudou/sokuhou/nen/ft/pdf/index1.pdf>
- [5] Mitsubishi UFJ Research and Consulting. (2018) Report on the Results of the Questionnaire Survey of Companies, Survey and Research Project for Grasping the Actual Situation Concerning Work and Childcare Balance, Commissioned by the Ministry of Health, Labour and Welfare. <https://www.mhlw.go.jp/content/11900000/000534370.pdf>

- [6] Japan Management Association Research Institute, Inc. (2022) Report on Questionnaire Survey on Support for Balancing Work and Childcare. Commissioned by the Ministry of Health, Labour and Welfare. <https://www.mhlw.go.jp/content/11900000/001085269.pdf>
- [7] The Japan Institute for Labour Policy and Training. (2013) Labor Policy Research Report (No.159). https://www.jil.go.jp/english/reports/jilpt_research/2013/no.159.html
- [8] Yokoyama, M., Okazaki, A., Sugimoto, M., Oda, T., Tsukamoto, S., Mizukami, K. and Sono, J. (2011) Factors Associated with the Recognition of Child Maltreatment by Mothers Rearing Children from Infancy to Primary School Age. *Japanese Journal of Public Health*, 58, 1, 30-39. https://dx.doi.org/10.11236/jph.58.1_30
- [9] Zhang, Y., Sanders, M., Feng, W., Tang, H., Wang, H., Xi, J., X, Wu, J., Huang, G., Sun, J., Luo Y., Liv L., Yan, S., Zhao, D., Mu, K., Yan, D., Wang, H., Gao, X., Yang, J., Wang, J., Wang, N., Shao, J., Yang, J. and Haslam, D. (2019) Using Epidemiological Data to Identify Needs for Child-Rearing Support Among Chinese Parents: A Cross-Sectional Survey of Parents of Children Aged 6 to 35 Months in 15 Chinese Cities. *BMC Public Health*, 19, 1470. <https://dx.doi.org/10.1186/s12889-019-7635-y>
- [10] Zhou, Y. (2019) Understanding Why Mothers Abuse Their Children: The Case of Japan. *Journal of Health Care and Society*, 29, 119-134. <https://dx.doi.org/10.4091/iken.2019.001>
- [11] Shimizu, A., Bakker, A.B., Demerouti, E. Fujiwara, T., Iwata, N., Shimada, K., Takahashi, M., Tokita, M., Watai, I. and Kawakami, N. (2020) Workaholism, Work Engagement and Child Well-Being: A Test of the Spillover-Crossover Model. *International Journal of Environmental Research and Public Health*, 17, 6213. <https://dx.doi.org/10.3390/ijerph17176213>.
- [12] Yan, Y. (2022) Work-Life Balance Issues of Women in Returning to Work Due to Childbirth: Using TEM Analysis. *Open Journal of Social Sciences*, 10, 4. <https://dx.doi.org/10.4236/jss.2022.104035>
- [13] Mohanty, A. and Jena, L. K. (2016) Work-life Balance Challenges for Indian Employees: Socio-Cultural Implications and Strategies. *Journal of Human Resource and Sustainability Studies*, 4, 1. <https://dx.doi.org/10.4236/jhrss.2016.41002>
- [14] Nishiyama, E. and Watai, I. (2018) The Curriculum and Evaluation of Mothering Classes for Pregnant Working Women: Interviews with the Planners and Observation of Classes in the Community. *Journal of Japan Academy of Community Health Nursing*, 21, 3, 41-48. https://dx.doi.org/10.20746/jachn.21.3_41
- [15] Araga, N., Gokan, Y., Hatano, Y. and Kamikawa, J. (2022) Public Health Nursing in Japan,

Intermedical Corporation, Tokyo.

- [16] Watai, I. (2009) Women's Work in the Post-Parenting Years Work-Family Balance and Stress. *Journal of Social Security Research*, 47, 209-212.
- [17] Grzywacz J.G. and A.B. Butler. (2007) Work-Family Balance. *Encyclopedia of Stress*, Second Edition, Elsevier Inc., Amsterdam, 868-871. <https://dx.doi.org/10.1016/B978-012373947-6.00694-2>
- [18] Sandelowski, M. (2000) Whatever Happened to Qualitative Description? *Research in Nursing & Health*, 23, 334-340.
- [19] Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. Sage Publications, Thousand Oaks.
- [20] Imafuku, R. (2021) Fundamental Principles That You Need to Know When You Undertake Qualitative Research. *Journal of Japan Pharmaceutical Education*, 5, 1-6. <https://dx.doi.org/10.24489/jjphe.2020-002>
- [21] Tsuchiya, M. (2021) *Coding Basics for Interview Data Analysis: Thematic Analysis*. Nakanishiya Publisher, Kyoto.
- [22] Burnard, P., Gill, P., Stewart, K., Treasure, E. and Chadwick, B. (2008) Analysing and Presenting Qualitative Data. *British Dental Journal*, 204, 429-432. <https://dx.doi.org/10.0138/sj.bdj.2008.292>
- [23] Employment Environment and Equal Opportunity Bureau, Ministry of Health, Labour and Welfare. (2020) *Facts About Working Women 2020*. <https://www.mhlw.go.jp/bunya/koyoukintou/josei-jitsujo/dl/20.pdf>
- [24] Ishino, A., Kato, H., Matsuda, H. and Bakka, M. (2013) Work Life Balance and Needs in Parents Used Sick Childcare Service. *Pediatric Health Research*, 72, 305-310.
- [25] Mitsubishi UFJ Research and Consulting. (2015) *Survey and Research Projects Related to Reemployment of Women Who Have Left the Workforce Due to Childbirth, Childcare, etc.* Commissioned by the Ministry of Health, Labour and Welfare. https://www.mhlw.go.jp/bunya/koyoukintou/dl/h26-03_itakuchousa00.pdf
- [26] Gender Equality Bureau Cabinet Office. (2022) *This Week's Data on Gender Equality*. https://www.gender.go.jp/research/weekly_data/index.html
- [27] Nohara, M. and Kato, I. (2011) Child Rearing Support for Working Parents: A Follow-Up Study at a Daycare Facility. *Journal of Tokyo Women's Medical University*, 81, 408-415.
- [28] Yamauchi, H. and Nakano, H. (2019) Awareness and Practice of Role Behaviors of Dual-

Income Married Couples Raising Infants: Creation and Analysis of a Measurement Scale of Role Behaviors of Parents of Infants. *Japanese Journal of Maternal Health*, 60, 289-302.

- [29] Lennon, M.C., Wassernan, G.A. and Allen, R. (1991) Infant Care and Wives' Depressive Symptoms. *Women Health*, 17, 1-23. https://dx.doi.org/10.1300/J013v17n02_01
- [30] National Institute of Population and Social Security Research Tokyo, Japan. (2020) The 6th National Survey on Family in Japan, 2018. <https://www.ipss.go.jp/ps-katei/j/NSFJ6/Mhoukoku/Mhoukoku.pdf>
- [31] Nukina, A. (2022) Key Points of "Retention" and Return-to-Work Support. *The Japanese Journal for Midwives*, 76, 520-528. <https://dx.doi.org/10.11477/mf.1665202062>
- [32] Koike, Y., Kadowaki, K. and Saito, Y. (2016) A Study on the Usage and Challenges of Regional Child Care Support Services: Determined by an Investigation of the Use of Counseling Services by Parents. *The Bulletin of Society for Human Life Studies*, 7, 11-20.
- [33] Azami, N. and Mukai, A. (2016) A Study of Parents' Needs for Child Care and Effective Support. *International Journal of Human Culture Studies*, 26, 157-161.
- [34] Ministry of Health, Labour and Welfare. (2022) "Employment Situation of the Elderly" Tabulation Results. <https://www.mhlw.go.jp/content/11703000/000715491.pdf>
- [35] Nakano, H., Nagahiro, C., Ikari, A., Domen, C., Saito, H. and Ozawa, Y. (2016) The Relationship Between Care Conditions of Preschool-Aged Children Provided by Grandmothers in Their 60s and Fatigue. *Japan Academy of Community Health Nursing*, 19, 14-23. https://dx.doi.org/10.20746/jachn.19.1_14
- [36] Masutani, J. and Kimura, C. (2021) Ethnography of Double Care for Working Women: Aspects of Difficulties and Coping Behaviors in the Care and Parenting of Parents with Dementia. *The Japanese Society for Dementia Care*, 20, 297-305.
- [37] Kahsu, G., Virginia, P., Ensieh, F. and Helen, H. (2021) Attitudes and Experiences of Employed Women when Combining Exclusive Breastfeeding and Work: A Qualitative Study Among Office Workers in Northern Ethiopia. *Maternal and Child Nutrition*, 17, e13190. <https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/mcn.13190>