



Original Article

The Impact of Multiple Roles on Psychological Distress among Japanese Workers



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ABSTRACT

Background: There has been considerable interest in Japanese society in the problem of work-related stress leading to depressive symptoms, and an increasing number of primary houseworkers maintain paid employment. The purpose of this study was to examine the differential impact of multiple roles associated with psychological distress among Japanese workers.

Methods: We studied 722 men and women aged 18–83 years in a cross-sectional study. The K10 questionnaire was used to examine psychological distress.

Results: The proportion of participants with psychological distress was higher in women (17.8%) compared with men (11.5%). Having three roles significantly decreased the risk of psychological distress [women: odds ratio (OR), 0.37-fold; men: OR, 0.41] compared with only one role. In working married women, there was significantly less psychological distress (OR, 0.27), and those with childrearing or caregiving responsibilities for elderly parents had significantly less psychological distress (OR, 0.38) than those with only an employment role. Similarly, working married men who had childrearing or caregiving responsibilities for elderly parents had significantly less psychological distress (OR, 0.41) than those who had only an employment role.

Conclusion: The present study demonstrated that participants who had only an employment role had an increased risk of psychological distress. The degree of psychological distress was not determined solely by the number of roles. It is important to have balance between work and family life to reduce role conflict and/or role submersion, which in turn may reduce the risk of psychological distress.

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1. Introduction

In recent years, the number of primary houseworkers who maintain paid employment has increased in Japan [1]. There has been considerable interest in Japanese society in the problems of work-related stress leading to depressive symptoms [2]. The individual experience of psychological distress is associated with employment status. Previous studies have shown that stressful experiences are more frequent among women compared with men, due to discrimination and interrupted employment history owing to family caregiving responsibilities [3,4]. Consequently, as increasing numbers of women enter the paid labor force, the conditions of work, both in the home and at work, may contribute to greater risk of depression.

Having multiple roles, such as worker, mother/father, and caregiver for elderly parents, may lead to role conflict [5,6]. Goode [7] found that people engaged in several roles experience role conflict, overload, and strain, resulting in poor well-being. On the other hand, several studies have shown that having one role or none also has adverse effects on employee well-being and can lead to increased psychological distress. Sugihara et al [8] examined the relationship between productive roles and depressive symptoms in middle-aged Japanese men and women and found that there was no significant link between productive roles and depressive symptoms in men, and that women engaging in unpaid work at home were more likely to have depressive symptoms compared to women with multiple productive roles. Conversely, Takeda et al [9] reported that benefit from multiple roles is associated with

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health-related behaviors. Rodin and Ickovics [10] also reported that multiple roles were linked to positive mental and physical health benefits in women.

Role overload and role captivity are important predictors of how much distress workers experience. Workers who experience greater role-related stress and role demands are more likely to have depressive symptoms than those who do not [11]. Particularly, in the case of single-parent families, parents undertake diverse roles. Weissman et al [12] reported that single mothers were more likely to report being in poorer health than other mothers. Being married is associated with a higher level of well-being [13], although the subjective experience of the wife role or an unequal division of labor within the household may also affect marital satisfaction [14].

In Japan, married men with paid work are almost always the primary breadwinners and have the responsibility of supporting dependent family members. Sugihara et al [8] reported that having paid work is associated with reduced depressive symptoms in men but not women. Multiple roles have been linked to mental and physical health among both genders, however the effects of the same role combinations may be different for men and women [15,16]. Gender is closely related to the norms governing behavior.

Some studies have reported that caregiving has a detrimental effect on emotional well-being [17,18] and social activity [19] among caregivers. In addition, caregivers of the elderly are more likely to experience physical burden and depression than non-caregivers [20–22]. Workers who have the role of family caregiver may bear greater psychological burdens. Consequently, having a family caregiver role may be the heaviest burden for those with multiple roles.

Problems related to multiple roles, such as decreased work performance, imbalance between work and family life, and depression, which develop gradually as a consequence of prolonged role conflict or role-related stress, are a pressing problem for many workers. Many of the prior studies on multiple roles focused mainly on the relationship between the number of roles and psychological distress and did not take into account the impact of combinations of roles. Therefore, evidence that workers who held multiple roles reported less psychological distress according to the number of roles did not paint a complete picture. The purpose of this study was to examine the differential impact of multiple roles associated with psychological distress among Japanese workers, taking into account the number and combinations of roles.

2. Materials and methods

2.1. Participants

A self-administered questionnaire survey targeting all employees of three workplaces in Nagasaki Prefecture, Japan, was conducted from December 2009 to February 2010. First, a letter was sent to the directors of the workplaces. The letter explained the aims, procedures, and ethical considerations of the study. The directors agreed to participate. The questionnaire was distributed to 844 employees; 787 employees returned the questionnaire (response rate, 93.2%). After eliminating respondents whose sex or age were unknown and those who did not complete all questions of the K10, 721 participants (355 men and 366 women) were selected for analysis. The present study was reviewed and approved in October 2009 by the institutional ethics committee of Nagasaki University School of Medicine. The purpose and ethical aspects of this study were described at the beginning of the questionnaire, and only employees who agreed to participate and who provided informed consent were enrolled as study participants.

2.2. Measures

Participants completed anonymous questionnaires that asked about their sociodemographic background (sex, age, marital status, the presence of children, and elderly persons in need of care) and type of employment. The type of employment included full-time job, part-time job, and other job. Mental health condition was assessed using the K10.

2.3. Psychological distress

Psychological distress was assessed using the K10 scale developed by Kessler and colleagues [23]. The K10 is a 10-item scale. Participants were asked to indicate how frequently they had experienced psychological distress or negative feelings during the past month using a 5-point Likert scale with the following responses: none of the time (0), a little of the time (1), some of the time (2), most of the time (3), and all of the time (4). The total score was the sum of all responses, and ranged from 0 to 40. Higher scores reflect more severe psychological distress. A score of 15 or higher on the K10 indicates increased risk for psychological distress [24]. Screening performance of the Japanese version of the K10 is essentially equivalent to that of the original English version [25].

2.4. Definition of multiple roles

In this study, individual role was defined by a linear summation of four different kinds of roles: (1) marital role (married vs. never married, widowed, divorced, or separated); (2) parenting role (the presence of children in the household vs. the absence of children); (3) caregiver role (the presence of elderly people in need of care in the family vs. the absence of elderly people in need of care); and (4) employment role (all participants who had a full-time job, part-time job, or other job). Each respondent was assigned an individual role score ranging from 1 (single role) to 4 (quadruple roles). In addition, we defined six kinds of role combinations: (1) employment role only, (2) employment and marital roles, (3) employment and family caregiving (parenting or elderly caregiver) roles, (4) employment, marital, and family caregiving (parenting or elderly caregiver) roles, (5) employment and family caregiving (parenting and elderly caregiver) roles, and (6) employment, marital, and family caregiving (parenting and elderly caregiver) roles.

2.5. Data analysis

The associations between the frequency of participants with high K10 scores and number of individual roles and combination of individual roles were analyzed. The chi-square test was used for nominal scale data, such as sex, whereas the Cochran-Armitage test was used for ordinal scale data, such as number of individual roles. We conducted separate multivariate logistic regression analyses to calculate the odds ratios (ORs) and 95% confidence intervals (95% CIs) for psychological distress, according to the number of individual roles or role combinations.

3. Results

3.1. Characteristics of participants

Table 1 shows the characteristics of the participants. The mean age was 42.1 [standard deviation (SD), 10.6] years in men and 38.7 (SD 10.4) years in women. The proportion of full-time workers was higher in men (97.7%) than in women (55.5%), whereas the proportion of part-time workers was overwhelmingly higher in women (39.3%) than in men (1.1%). The proportion of participants

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