Proposals for Creating Social Systems that Prevent "Job-quitting for Care"
— Interim Proposals —
Findings from a Survey of Care Managers

Introduction

The shortage of workers caused by a decline in the working-age population as Japan enters an era of a rapidly declining birthrate and aging population has become a serious social issue. Various initiatives have been adopted in an attempt to tackle this, including the introduction of foreign workers, extending the retirement age, and promoting AI and mechanization. Among companies themselves, measures to cover the shortfall in workers is a key theme at the heart of operational management.

Among the measures to cover this shortfall in workers, this study group has focused on the initiative to extend the retirement age, and looked at issues concerning the broad establishment of an age 65 retirement system and an age 70 re-employment system. The study group concluded that to enable people to continue working until age 70 with peace of mind, a critical point is obviating the need to quit work to provide care. The government has put forward a policy of "zero job-quitting for care" with the view to a society in which people "don't have to quit their jobs to look after their parents".

Aims and significance of this study

Studies into "job-quitting for care" have generally focused on companies and employees, and have followed the general outline of employees having no option but to stop working to provide care for a family member.

This study group, however, surmised that there are various complex reasons why care providers decide to quit their jobs to provide care, and determined that there is a need to analyze the background to this decision and clarify its cause and effect.

To this end, the study group decided to focus the survey on care managers, who are the home care specialists, rather than companies or employees, and analyze the actual state of people leaving work to provide care. The study group considered that the detailed number of cases and state of "job-quitting for care" could be verified through an analysis of cases in which care providers quit their jobs or are likely to quit their jobs from among those that are handled by care managers.

To date, there has been little detailed analysis of the actual state of "job-quitting for care", and nothing has been done to systematize this. In this light, the aims and significance of this research are as follows.

(1) Defining "job-quitting for care"

Based on the survey responses by care managers, the study group examined in detail the reasons why workers quit their jobs to provide care, and clarified what is meant by "job-quitting for care". In particular, the study group proceeded with the study on the assumption that among the data on 100,000 people who had quit work for care, there was a mixture of cases in which people quit work to actually provide care for family members, and those who quit work on the pretext of providing care but in fact quit for other reasons.

(2) Analysis of factors in "job-quitting for care"

The study group decided to investigate viewpoints on how to prevent "job-quitting for care" and systematize the factors leading to this by analyzing the survey findings on the background and factors, and clarifying why workers tend to quit their jobs for care.

Research to date has tended to discuss measures to prevent "job-quitting for care" in relation to companies and family care providers. However, this study considers that investigating viewpoints on how to prevent "job-quitting for care" is not possible without analyzing cause and effect on the understanding that there is a complex relationship among (1) the company, (2) the family care provider, and (3) the person requiring care.

However, there are still many issues to resolve to develop an information sharing system among these three parties, including (1) distance between the workplace and place where care is provided, (2) sentiment of the person providing family care (does not want the company to know), and (3) low awareness by the company about workers quitting work to provide care.

This is therefore an interim report, and considering there is a need to analyze such obstacles with a view to drawing up the final report, the study group will explore these points.

Definition (categorization) of "job-quitting for care"

A detailed analysis of the roughly 800 cases in the "Breakdown of Cases of Job-quitting for Care" (free description) in response to the questionnaire revealed that "job-quitting for care" can be defined or categorized as follows.

(1) Difficult to continue both work and care

Definition 1: Family care provider wants to continue working, but has no option but to quit work to care for the family member.

(2) Workplace factors

Definition 2: The care provider quits work to provide care, but the workplace environment is a major factor.

(3) Isolation

Definition 3: The care provider quits work because the person requiring care or family members are inclined to refuse nursing care insurance services.

(4) Sentiment

Definition 4: The care provider quits work due to sentiment or a feeling of obligation to the person requiring care.

Summary 1: Endeavors to prevent "job-quitting for care" needed at the place where care is provided

In view of the survey findings, the study group points out in the interim proposal that the key to "prevent job-quitting for care" is not just strengthening the relationship between the workplace and the family care provider (employee), but also promoting the sharing of information and cooperation between the person requiring care and the care manager who provides support.

Summary 2: Concept of occupational care managers (social workers)

Proposed measures that can be implemented at the workplace to prevent the need for workers to quit work for care include personnel transfers, effective application of nursing care leave systems, nursing care workshops for employees, and dissemination of care-related information.

Under set conditions, it can be effective for companies to employ occupational care managers (social workers) to provide information sharing services with care managers.

Summary 3: Measures and policies for preventing job-quitting for care

In view of the survey results, the study group proposes, by way of system and policy, that family care providers (employees) should also come under the nursing care insurance system, and be afforded social and institutional (legal) recognition (specification) as "carers".

Summary 4: Issues for the final report of this study

The study group surveyed and produced an interim report on "job-quitting for care" from the perspective of care managers, who are specialists concerning people requiring care. The study group considers that conducting a survey on efforts at preventing family care providers (employees) from quitting their jobs for care and awareness of "job-quitting for care" from the workplace (company) perspective, and comparing and examining the difference in awareness between companies and care managers (findings of this survey), who are in close contact with those requiring care, will lead to a new perspective on preventing job-quitting for care.